

RAISING THE FLAGS OF COMPASSION AND
SENSITIVITY FOR THE MODERN
DAY LEPER (AIDS)

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ABSTRACT
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by

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The context of this project is the Potter's House Deliverance Church, Tampa, Florida. The objective of this project is to raise the flags of sensitivity and compassion in the Church toward those who are suffering with HIV/AIDS. Pre and post-test surveys completed by church members revealed that sporadic informational sessions and preaching alone are not effective ways to raise sensitivity or compassion. Establishing long-term targeted proactive programs, seminars, workshops, preaching and other teaching opportunities will allow the Church to disarm parishioners' fears by increasing their understanding resulting in heightened sensitivity and compassion.

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DEDICATION

This project is dedicated to my mother Eliza Bryant in loving memory of her love and support of all my endeavors and dedicated to my husband Roderick Hauser, to the members and friends at Potter's House Deliverance Tabernacle and my Godmothers Carrie Rhanes and Mary Mitchell. This project is also dedicated to all my God children, to Dr. Jeremiah Wright and all of those who's lives are affected by the tragic of death's, those who have lost love ones due to the spread of AIDS. To those of faith and despair, may you all be moved and built from strength to strength, to love those in need of compassion and hope.

Finally, to God be the Glory for the things he has done and will certainly do.

INTRODUCTION

The purpose of this project is to engage the church in a ministry of compassion and sensitivity to care for those infected with HIV/AIDS. This ministry will provide emotional and spiritual support in a loving, compassionate environment. An additional goal upon implementation of this project is that the ministry will encourage a spirit of volunteerism and transform the general population from a community of fear and judgment to a community of hope and compassion.

The World Health Organization (WHO) estimates that 29.5 million adults and adolescents and about 1.1 million children are living with HIV worldwide. In the United States, the Center for Disease Control (CDC) acknowledges that greater than 36.6% of the identified HIV/AIDS patients are African Americans. Research suggests that this number is rapidly growing in all communities, including those in central Florida, which includes the greater Tampa Bay area. These numbers present the Church a diverse mission full of promise and opportunity of which many have not given much thought. There is suffering in African American communities across the nation and the afflicted among us wait on the healing only found in God through His church.

It is unfortunate that this epidemic, which adversely affects others as much as the actual victims, reveals the tragic consequences of personal actions. However, ignorance, negligence and continued insensitivity expose everyone to additional risks. To date, the silence and indifference of the community of faith echoes in the hearts and souls of the millions of African American men, women and children afflicted with this disease.

The hope lies in the prayerful challenge for the community of faith to become better-informed, involved and faithful witnesses to the redemptive and healing power of Jesus Christ. To curtail the epidemic rise in the numbers of HIV/AIDS victims in the African American communities, the Church must be willing to extend its arms, welcome, reclaim and reconcile them to God, as well as their communities.

Because the HIV/AIDS epidemic affects an increasing number of people worldwide from Africa, Asia to America, the community of faith cannot continue to ignore its existence and the relative fallout that effects the Church's growth and evident progress. People are sick, suffering physically, emotionally and spiritually. Many families and communities abandon their loved ones afflicted with HIV/AIDS, or the patients totally withdraw from their families and communities, consequently they suffer and die alone.

It is important for the church to be knowledgeable about all facts of this mission to care for this segment of society, but as Rom. 10:14 states, "... how shall they hear without a preacher?" The local church will not raise its level of conscientiousness or reach any further than its leadership.

Where can a person afflicted with HIV/AIDS turn for care? What stake does the Church have in their care? Where and how does the Church begin to help those afflicted with HIV/AIDS? These are the questions that the Church must ask and answer of itself if it is to influence a change in attitude toward HIV/AIDS sufferers. Just as Jesus Christ demonstrated God's amazing grace and His deep compassion to all human beings He encountered, the Church, too, must embrace all, even HIV/AIDS sufferers, with Christ-like compassion as they wrestle and struggle to face the challenge of this debilitating disease.

Jesus Christ commands and the world expects the Church to give comfort, encouragement, and address the needs of individuals beyond the Sunday morning worship. Instituting compelling HIV/AIDS programs gives the church the opportunity to encourage those who are suffering and rejoice with those who personally experience the healing touch of God.

The goal of this project, therefore, is to develop and implement a replicable ministry that offers long-term educational programs on the subject of HIV/AIDS and continual outreach opportunities to those adversely affected by this epidemic. Initial implementation will take place at the Potter's House Deliverance Tabernacle Church (Potter's House) in Tampa, Florida, which will embrace the community's growing number of HIV/AIDS victims while fulfilling an evangelistic mission to lead others to Christ. Church leadership will model the desired behavior to the general membership by taking a visible role in planned educational programs and interactive outreach events. The hope is that this modeled behavior will encourage the same in the members and ultimately raise the level of compassion.

Having the knowledge that men, women and children are infected and dying is not enough. The ministry must compel participants to action. The families of the HIV/AIDS patients, the communities of all cultures feel the severe social and economic effects; therefore, all must act on behalf of these who are suffering. Research demonstrates that the poorest communities and countries have the most critical number of HIV/AIDS victims.

Unless motivated to action, a lasting effect of the HIV/AIDS epidemic will be the continued financial drain, the heartbreak and the violation of basic human rights as this epidemic wreaks havoc on the bodies, minds and spirits of its victims. The local and

universal church must reach out to people with HIV/AIDS with compassion and the love of Jesus Christ as its model.

This project presents a pattern towards establishing a model ministry that will embrace those suffering with HIV/AIDS. It encompasses the spiritual journey the writer undertook through valleys of heartache, pain, disappointment, loss and grief, which ultimately led to the vision for a ministry of compassion. This project presents literary documentation from varying professionals and clergy who support the need for this kind of relevant ministry.

With the need clearly defined, the writer establishes foundational support for the ministry of compassion and sensitivity for HIV/AIDS patients with sound historical, theological and biblical rationale. This work guides the reader into a revealing exploration of the undeniable love of God through a compassionate Christ. This work reminds the reader that Christ commissioned the Church to be likewise caring, loving and to have a deep compassion for those who suffer. This project's aim is that the Church centers its compassion on those in its communities who are suffering with HIV/AIDS and its related illnesses and woes.

This writer employed the standard methodology of providing pre and post educational awareness surveys to a set of participants from the writer's church. Additionally, the writer used Bible Studies and preaching opportunities as venues to raise the level of awareness for a set group of participants. Discussions of the results of comparative surveys completed before and after the HIV/AIDS awareness venues appear later in this work.

After reviewing the survey results and observing the changes in mindsets that occurred with participants in this study, it is this writer's belief that long-term sustained

education and continuous outreach programs *can* effect positive change in the lives of those who suffer with the physical, societal and psychological problems inherent to HIV/AIDS. If one wins or overcomes, we all win—families win, communities win, this nation wins and the entire world wins.

CHAPTER ONE

MINISTRY FOCUS

Born to the union of Eliza Williams and Johnny Yancey, on December 21, 1954, Eliza and her husband, Otis Smith, raised this researcher, Patricia Williams Hauser, along with four younger siblings Sarasota, Florida.

Memories of my childhood are faint. I grew up in the projects and we did not have very much, except the bare necessities. The relationship with my stepfather was not very good. Because he was not my birth father, he despised me and I was treated differently from all of the other children. My punishments were always more severe, he never showed any love for me, and I felt alienated and alone.

Thankfully, my spiritual influence came from my grandmother and my mother. My grandmother was Baptist and my mother was Methodist. I attended grade school at Booker Elementary School, which was an all-black school. I accepted Jesus Christ as my Lord and Savior at age of 9. I sang in the children's choir and I joined the Girl Scouts. As I recall, I have always had this sense that the Holy Spirit was present with me from a very early age. I also remembered that I prayed a lot.

I graduated from Sarasota Senior High School with honors in 1972 at the age 17. I worked three jobs during high school, in the morning I worked as a receptionist, after school I worked as a waitress and in the evenings I cleaned office buildings.

After finishing high school, I was determined to go to college. My high school counselor tried to get me to enroll in secretarial school, in order to learn typing and filing skills. I was determined to go to nursing school and my ultimate goal was to become a medical doctor. After two years of nursing school, I graduated and worked for a year to gain some practical skills and to help my mother with bills. I continued my education during the mornings, while preparing to study pre-med prerequisites in order to enter medical school.

I moved to Tampa and began attending the University of South Florida (USF). I double majored in Zoology and Psychology. I applied to medical school and was not successful. If only I had someone (an uncle, grandfather or father) who had connections into this tightly connected network of achievers. Unfortunately, this was even the case among the historically black colleges and universities. After two years of unsuccessful attempts only to get on the waiting list, I decided to not allow the system to have that kind of control over me. I thought a medical background and an information systems background would definitely get me the kind of position that I desired.

I held strongly to Matthew 6:33, "But seek ye the kingdom of God and his righteousness and all these things shall be added unto you." Throughout my years of attending USF, I was very serious about my relationship with God. I found a church home and became a member, serving in the young adult choir and the Junior Women's Society. What I soon realized was that there were no women in leadership roles.

Even then, I trusted God with all of my resources, tithing 10-15% of all my earnings. I truly believe that because of my obedience to God, he continued to bless me abundantly.

I thought about my degrees in Nursing, Zoology, Psychology and Computer Engineering and tried to figure out how to compile them to further advance my career, while working as a trauma nurse in the open-heart surgery and intensive care units. I began to look toward another career in sales.

What is so interesting about my life is that I was a people pleaser, always wanting other's needs met before my own. Why? I began to remember at the age of 34 that my grandfather had sexually assaulted me. The one person who should have protected me and loved me brought further dysfunction to my life, and to this day, I wonder why.

Therefore, to keep people from hurting me, I would go "overboard" in trying to please everyone at the expense of my own happiness. This also speaks to why I do not remember much about my childhood. Documented by many professionals, in times of extreme emotional distress, one tends to block out painful and hurtful memories. As I recall, there were always two people in my life (my grandfather and my stepfather) who caused me to second-guess myself and to have low self-esteem in everything I did. I never had confidence in myself nor did I believe that I deserved or could do anything good.

The realization of the sexual assault occurred only three weeks prior to the date of my wedding. I was completely devastated. I told my husband and sought counseling and therapy for two and half years. I discovered things about myself that frightened me into change, thus allowing me to become a better person, a person who would not allow people to use, misuse and abuse me. Being a kind and giving person was an attribute of my personality that made me comfortable. It was something that I did not want to change. However, I would have to change in order to proceed where I knew God wanted me to go.

I was hired by [REDACTED] Pharmaceutical Company in 1989 and worked there for eight and half years, until I got the manager from hell, whom I later found out was racist and did not like women.

In 1993, my mother was diagnosed with breast cancer and I found out she needed radical surgery and chemotherapy. This was certainly no time for unwanted stress. The Lord had spoken to me to start my own business and leave [REDACTED]. As usual, we never do what God asks us to do the first time because it seems unrealistic. So, I filed a grievance with the EEOC. This fight went on for over a year and, in the end, I accepted a severance package, realizing that my mother's care and health were more important.

My mother had just retired after 20 years of service. She went thru the surgery and chemotherapy well. I would spend every night with her at the hospital. I would even stay overnight while she was on chemotherapy, which lasted a month. All appeared to be well until the July 1996 when my mother fell. She began to lose a lot of weight, which was not normal. She was re-diagnosed with bone cancer and the cancer had spread to her skull, back, hips and feet. It did not look good. We started the chemo again immediately. I began traveling sixty-five miles one-way, every day, back and forth to her treatment and doctor's appointments. Being self-employed was now a blessing.

I remember spending the last Thanksgiving and Christmas in 1996 with her. In February 1997, I convinced her to come and live with me until she got better. I found a good cancer specialist and things just didn't look very good. The doctor gave her three to six months to live. However, my mother's faith in God was strong. She believed that God was going to heal her body completely. I refused to let my earthly knowledge in the medical profession interfere with what she believed and knew to be true. Her favorite Bible verse was Mark 11:22, "Have faith in God."

During these times, my days would be filled with giving her medicines and baths, sitting her up and getting her out of bed in order for her to be comfortable, changing her linens everyday, feeding her and spending time with her. Although I worked out of my home, she would ask me just to sit next to her for a few minutes and stop being so busy. I am so thankful that I took the moments she requested. I wish I had taken even more time now.

One of my biggest struggles was that I did not have my family to support me the way I needed. My brother and sister did not bother to help with her care nor did they concern themselves about my personal or private space. Nevertheless, to this very day, I am so glad I was there for mom.

My mother had so much strength. She continued to encourage so many people who came by to visit. She never lost her sense of humor, always telling me about acting now as the adult and her being treated like the child. Often, she would remind me that she was the oldest and in charge of me, and we would laugh together.

The end days were nearing and she got weaker. Not eating brought a lot of anxiety for me for I knew that absent from the body meant present with Lord. Without my siblings or close friends by my side, the burden was becoming extremely heavy. I don't know how I was able to do it all. But then again, the awesome Grace of God is mighty!

I had been praying "Lord not on Mother's Day." I could feel it coming; I knew it would be soon. On Wednesday, May 7, 1997, three days before Mother's Day, my mother, Eliza Williams Bryant, went home to be with the Lord. It happened so suddenly. It was 5 a.m. in the morning and the bed shook. We were roommates now because I had to be close to her at all times. She wasn't able to breath and this time was different. She wasn't able to talk; she didn't have a voice and she had this loud railing in her chest. Her

hands were cold, yet she was sweating. I held her and prayed and before I knew it she cried. Before I could get back in bed with her, she had this unusual look that ended with a smile. I could see the spirit moving from her (it was a cloud). I immediately told her that I loved her over and over again until she was gone. I still could not believe it, but often reflect on how God had answered my prayers. He did not let her suffer long, he didn't let her pass on Mother's Day, and he let me be there by her side. On Saturday, May 11, 1997, I had a preaching engagement and another on Mother's Day the 12th. By the grace of our Almighty God, I was able to keep both preaching engagements. No one thought I would be able to and I now know that it was only the strength of God, the power from God and, most of all, a double portion of anointing from God.

This was a life-changing event. I have lost a lot of things, but none could or would ever match this one. I thought I understood others who had lost someone, but now, through and because of the depth of my loss, I really did understand. There is no one nor will there ever be anyone who compares to Mom. I was able to preach her eulogy entitled "The lessons I learned from Mom." This was the woman who shaped my character and taught me the meaning of real unconditional love. She had an impeccable work ethic, sacrificed so much, and never said one word to me about it, even after I was on my own and away from home. She helped me purchase my first car and home and, at the age of 64, she was gone. The pain has lessened, but it still hurts every now and then. It gets better each day and I now remember all of her humorous ways and, with much gratitude and appreciation, realize what a wonderful privilege it was to have her.

Ironically, it was this critical time of my mother's illness, needing someone to run errands and not having anyone available who could pick up medicines or supplies that spurred me to put together a business plan to expand my business by adding a pharmacy

with free delivery service to the clients. So, I got a second mortgage on my home for forty thousand dollars and opened a storefront. The rest is history.

It is divine, not coincidental, that the name of the business is Rapha ("The Lord who Heals"). The business represented what I believe and what I had hoped for. I strongly believe that God's healing powers are always available to all those in need.

I am reminded that who God breaks, he also mightily uses or that the greater the pain, the greater the calling. It reminds me of the passage Paul writes in I Corinthians 16:9, "For a great door and effectual is opened unto me, and there are many adversaries."

A resident of Tampa, Florida since 1976, this writer identifies this as an ideal location for the establishment of a ministry devoted to the compassionate care for those afflicted with HIV/AIDS. There are many reasons for such a conclusion that include, but are not limited to the demographic make up of the population; the rich history, cultural and recreational foundation; the favorable economic climate, and the increasing HIV/AIDS statistics.

Several large counties surround the city of Tampa and comprise the area known as Tampa Bay. According to statistics found on the website for the Greater Tampa Chamber of Commerce,¹ Hillsborough County is, by far, the largest county in Tampa Bay with a population of more than 1,027,318 in 391,357 households. The median age of the population is 35.1. Fifty-one percent of the total population is female, 49% is male.

The racial make up of the county lists Whites as the majority, Hispanics/Latinos are the second largest racial demographic, then Blacks/African Americans, Asians, and

¹ www.tampachamber.com

Native Americans respectively.² Slightly more than 10% of the households within Hillsborough County live below the national poverty level. More than 21,088 two-parent households and more than 11,085 female-headed households live in poverty. Only slightly more than 12% of the population earns \$35,000 or more annually. The median household income for Hillsborough County is \$28,477.

In the 1800's, Cuban immigrants helped to establish the city of Tampa, the seat of Hillsborough County, as an internationally renowned cigar manufacturing center. Along with the natural economic boom from the cigar trade, the city's services at the ports and railways increased. The laborers not only participated in the economic growth but also planted cultural roots that flourished and thrive today. Cigar factory workers, longshoremen, railway porters all settled in various segments of the city of Tampa. Popular areas such as Ybor City, West Tampa, Belmont Heights and Port Tampa still reflect the heritages of the predominant cultures of their founding families.

The mild climate and popular beaches that surround the multiple counties that make up the Tampa Bay area are all drawing cards that ensure a constant flow of domestic and international vacationers, many of whom eventually relocate to this area. The area has several permanent major and minor league professional sports teams: the Tampa Bay Buccaneers, Tampa Bay Storm (arena football), Tampa Bay Lightning (hockey team) and the Tampa Bay Devil Rays (baseball team). Additionally, the Tampa Bay area hosts multiple major league baseball teams for their annual spring training camps. A division of the New York Yankees' corporate offices, as well as their spring training facility, Legend's Field, is in the city of Tampa.

² www.census.gov

While the Tampa Bay area is an attractive location for individuals, the fact that its residents pay no state taxes and that Florida ranks sixth lowest in the United States for revenue derived from corporate income taxes makes this a very attractive market for growing and emerging industries. A sampling of 300,000 people from Tampa indicated that the top four hiring industries are: food service and accommodations; government; professional services and science and technology. Waste Management, employs 51,949 and has annual sales at \$1.5 million. The professional, scientific and technical industries employ 26,172 and have annual sales of more than \$3.5 million. The accommodation and food services industries employ 20,300 people, with annual sales of more than \$782,839, and educational services employ 630 people with annual sales of at least \$37,429. Although Tampa has a population well over 1 million people, the above sampling only represents a small number of these people.

Although its growth is replete with opportunities for improved social and racial injustices, one of the most glaring disparities exists in the way the Tampa Bay area community of faith holds its silence when it comes to the area of HIV/AIDS. According to statistics from the Hillsborough County Health Department and the Florida AIDS Network, Hillsborough County ranks sixth in the state for new/reported HIV cases and eighth in the state for new/reported AIDS cases. At present, there are 3,978 reported active HIV/AIDS patients in Hillsborough County. Although the year 2002-2003 the county reported a decrease in the HIV/AIDS morbidity table, the county's high ranking in the state's statistics still holds.

Started in an effort to meet the needs of the community, Rapha Associates, Inc. offers free home delivery of pharmaceuticals and medical supplies. In the role of president of Rapha Associates, this writer saw first-hand and confronted the specific needs of

HIV/AIDS sufferers. However, upon complete implementation of the ministry of assistance for those afflicted with HIV/AIDS and their families, the Potter's House ministry will take on this task of educating the community and allow the business to focus on efforts to increase corporate awareness of the disparities that exists in the distribution of medical assistance.

Born out of personal adversity and community need, Potter's House Deliverance Tabernacle Church has a mission to reach the oppressed, the broken hearted, those locked out, those left out, and the lost. Potter's House must proclaim the acceptable year of the Lord to all in the inter city of Tampa. Filling an opportunity to minister to the inner city, God spoke Potter's House into existence in May of 2001 after much prayer and resistance of this writer. The core membership is 25 people, with the average person being 25 years of age. Potter's House has a 1:1 ratio of female to male and single to married persons. Initially, the church met at the home of the pastor on Wednesday nights for prayer and Bible study and held its first public service in December 2001.

Just as the business continues to grow, by faith the church will mushroom with God's help. The motivating force behind is faith, the kind of faith to believe that God can take absolutely nothing and turn it into the kind of faith that will beat the unbeatable and reach the unreachable. In the role of pastor and leader, one must strongly believe that God's going to allow this testimony to bless thousands!

In anticipation of the growth potential from outreach efforts, this writer established the Potter's House Community Development Corporation, a separate 501c(3), nonprofit organization, that will eventually oversee extensive community outreach and educational opportunities as the church's ministry of assistance grows and develops. The Potter's House Community Development Corporation will work in conjunction with the church in

an effort to plan and facilitate much-needed community programs in this area. As indicated by the mission of the church, "*People touching People—Reaching the inner city for Christ*," Potter's House recognizes that the needs of this community are numerous: health disparities of lower income citizens, lack of emphasis on educational excellence and the continued struggle for economic empowerment. The ministry of assistance's focus on addressing the spiritual, emotional and physical needs of HIV/AIDS patients and their families will initiate the purposeful efforts of Potter's House to bring new focus on touching the lives of the people in the inner city of Tampa.

As previously stated, the extensive nursing background and desire to attend medical school spurred this writer's overwhelming urge to help people. The cancer my mother died from was not AIDS related, however, the toll that it took on me mentally and physically was truly a heartbreaking event in my life. I can only imagine the heartbreak and emotional state a parent goes through when an illness such as AIDS takes the life of their child and they are left to raise their grandchildren as the primary caregiver.

In an attempt to reach those in direst need, this ministry will target the West Tampa Inner City. This is an area that is inundated with single-family dwellings, two story housing projects, deteriorated buildings, and abandoned homes. This is an area that is literally a minute from downtown Tampa where all the multi-level buildings of big business reside and flourish. We expect the church to have a tri-fold effect socially, economically, and spiritually thus making a positive impact, not only in this area, but also in the lives of its residents. Potter's House Deliverance Tabernacle Church will accomplish this goal by educating the people on relevant health issues with a major focus on HIV/AIDS.

As the membership of Potter's House matures, it will fulfill goals to evangelize in the surrounding neighborhoods of West Tampa. Primary emphasis will be on winning

souls to Christ by speaking to the needs of the members of the community. The church will provide informative seminars and workshops on obtaining economic empowerment through home and business ownership. We will make it a priority to go out into the community on a weekly basis in a continuous effort to share Christ, give personal invitations to come worship with us, and to do bible study.

More often than not, HIV/AIDS victims are alone mentally, emotionally, socially and especially spiritually; they are literally abandoned. The Christ we all know would not abandon them or allow anyone in this condition to suffer, as the church does today. It is not, and never will be, enough to know that only a small number of churches are socially conscious and aware enough to do something on a small scale. The future of this community is dying and we are not going to get any better if we don't begin to do the work of the ministry.

Historically, the African American church has understood its role to be both moral and social in helping people adapt to the demands of critical situations. Potter's House will recognize and systematically attack the epidemic of AIDS/HIV through education. We will attempt to lessen the impact of the disease within the African American community whose families are being destroyed through isolation and shame.

Major areas of concern upon full implementation of this project will address is the increasing number of teenagers infected with the HIV virus and the children who are born from those unions.

There are no known functioning ministries in the Tampa Bay Area specifically designed to address the high-risk behaviors of teenagers and subsequent pregnancies that may result from such behaviors. According to the Florida AIDS Network, the fastest

growing demographic of new HIV/AIDS cases within Central Florida, including Hillsborough County is among African American women between 24-44 years old.

An effective ministry will take an active role in dealing with these issues in the African American community. Research for this project discovered there is an agency/organization in Hillsborough County that takes an active role to educate white, gay men. Since the inception of this group, statistics demonstrate that the number of new cases of white, gay men infected with HIV/AIDS drastically decreased.

According to personal research, some pastors are not well informed, nor have they attempted to educate themselves to the point where they are in a position to help their congregations deal with the growing HIV/AIDS epidemic. Additionally, the belief is that if no one talks about it, it will go away. The church, as the foundation of the African American community, must stand up and take responsibility for the well-being of its people. HIV/AIDS sets before it a choice either to respond in a manner that buttresses social divisions and prejudice, or to be the prophetic servant and priestly church that comforts hurting people who are oppressed and isolated by prejudice and fear.

What is notable is that Jesus' Ministry always consisted of the healing of all diseases (i.e., blindness, lame men and women, lepers, or those who needed a savior). Today, many still ask, "Is there a balm in Gilead"? In essence "Is there any healing anywhere? The purpose of my project is to demonstrate how the church could aid those who are oppressed, locked out of the system, and unable to get help for the illnesses that exist, killing them in drastic numbers.

African Americans represent 47% of all AIDS cases in the U.S.A. AIDS is the number *one* killer of African American men; the number *two* killer of African American women ages 24-44. African American and Latino women over the age of 13 comprise

81% of reported cases among women. Of the cumulative number of HIV cases, 59% are African Americans, and 26% are among white and 15% are among Hispanics.

The Potter's House Ministry will raise the flag and assist people in learning to cope with family members living with HIV/AIDS, and to attend to the spiritual, emotional and physical needs of those infected with HIV/AIDS. The ministry of Potter's House intends to build programs and projects around Preventative Medicine verses Corrective Medicine. The ministry will have qualified educators to do the work that is necessary.

The church has, on a large scale, failed to help those who are infected, partly due to ignorance and fear, while the numbers have continued to climb. So, in an effort to decrease the number of infected people in the African American community, programs must be developed and the church must be more sensitive and informed.

It is my belief that the church should be the healing agent that represents the invisible God we sing and preach about. I would like to construct projects that will initiate preventive action.

CHAPTER TWO

THE STATE OF THE ART IN THIS MINISTRY MODEL

Literature Review

Research to complete implementation of this project exposes the need to raise awareness among the preachers and leadership of the African American community of faith. This writer opted to look for ways through preaching to develop a compassionate ministry that would reach and inform the church on how to care for those suffering with HIV/AIDS. Preaching and bible studies were used as a vehicle to promote sensitivity in church. There are many books on preaching and leadership and some were reviewed to help formulate this project. Although, there are some books written on HIV/AIDS, this writer found that they were *not* good resources for this project.

AIDS: The Spiritual Dilemma

In this work, John Fortunato discusses the meaning of AIDS. It is an attempt to plumb the depths of AIDS and the impact it had, is having and will have, and how it will continue to impact lives for years to come. This book also shares how many communities vastly affected by the AIDS epidemic struggle with some of the large vocational questions. The great challenge this book presents for some is to believe that the very place to realize God's love and activity is in the horror and tragedy of this disease. Fortunato's view is that the society must take this tragedy, turn it into a ray of hope, and love by reaching out

with compassion in the midst of this epidemic. "AIDS patients have become modern society's untouchables."¹

The Catholic Church Confronts the AIDS Crisis

Mark R. Kowalewski's work addresses the concerns of establishing a normative stability while accommodating to the exigencies posed by the social problem presented by the HIV/AIDS epidemic. Kowalewski examines the response of the Roman Catholic Church in the United States to the AIDS crises, particularly examining the affect this disease has had on gay men. Not intended to single out any one social group as the bearer of the disease, this book explains the development of theory together with its author's willingness to let readers hear the voices of the priests on the front line of the AIDS Ministry in the Catholic Church.

In the section called "compassion and responsibility," Kowalewski says in response to the controversy surrounding "the many faces of AIDS" that the bishops of the United States adopted a letter, entitled "Called to Compassion and Responsibility: A Response to HIV/AIDS Crisis." The document maintains the stance of compassion toward the sick that characterized the former document. It also reaffirms the traditional teachings on sexuality called for in "Compassion and Responsibility," and it does not suggest that education programs discuss the use of condoms as a means of preventing the spread of HIV." This writer's view is that there must be detailed information provided in order not to send the wrong message.²

¹ John E. Fortunato, *Aids: The Spiritual Dilemma* (New York: Harper & Row Publisher 1987).

² Mark R. Kowalewski, *The Catholic Church Confronts the AIDS Crisis* (Albany, NY: University of New York Press, 1994).

The Jesus I Never Knew

In his 1995 work, Philip Yancey asked the question, “How does Jesus of the New Testament compare to the new rediscovered Jesus” or even the Jesus we think we know so well. Yancey says that “the Jesus *he* knew in writing the book was very different from the Jesus he had learned about in Sunday School.”³ This book reveals who Jesus was, why He came, and what He left behind. It provides a snapshot of the super natural that explores compassion and touch. The book also shows Jesus’ response to disease, and gives a pattern for the church to follow formed around Him, and how Christians proceeded to follow his example of caring for the sick, the poor and the outcast.

The Gospel Imperative in the Midst of AIDS

This book⁴ is a dialogical, intending to stimulate discussion and learning in the church. Denial of reality is death oriented: the reality of AIDS is deadly to the physical health and the body but denial of this crisis is deadly to the soul, not only the souls of the infected and affected person but also to our entire society. And it is from this writer’s view that the increase in the spread of AIDS is due to the fact of total denial and refusal to understand the danger in taking risks. Even after being warned and educated, AIDS can only mean one thing—death, socially, morally and physically—everyone loses.

³ Philip Yancey, *The Jesus I Never Knew* (Grand Rapid, MI: Zondervan Publishing House, 1995).

⁴ Robert H. Iles, *The Gospel Imperative in the Midst of AIDS: Towards a Prophetic Pastoral Theology* (New York: Continuum International Publishing, 1989).

A Handbook for Care Teams Serving People with AIDS

In this book,⁵ Ronald Sunderland and Earl Shelp supply references to the vast number of ways that one can contract the HIV virus, then how, once infected, it can progress to AIDS. This work clearly tells how one can avoid the virus and displays techniques and procedures of how to care for those afflicted with AIDS in a clinical setting. For the purposes of this project, this book was not a notable source of how to increase compassion or sensitivity to those infected with AIDS.

When AIDS Comes to Church

In his 1988 work, William E. Amos, Jr. observes that the religious response to AIDS has a tendency to be based on either a judgmental or an incarnational theological approach. Amos further states that the presence of AIDS in both mainstream society and individual subsets are seen as clear evidence of the wrathful judgment of God in reply to the behavior that caused the disease. He further says that the presence of AIDS in every part of society requires the church to develop thoughtful, compassionate and biblically based approaches. He also describes what happen in the approach he took when AIDS came into his congregation.

Congregation Involvement, “the task of responding to AIDS is primarily that of the pastor or minister because this is where the leadership role of the church basically resides; however, no minister can assume responsibility for the response of the entire

⁵ Ronald Sunderland and Earl Shelp, *A Handbook for Care Teams Serving People with AIDS* (Nashville, TN: Abingdon Press, 1990).

church.”⁶ Any minister who enables the congregation to respond jointly will find out what it means to be a church community.

Dimensions of the Healing Ministry

In this work,⁷ James Hug, covers a wide range of topics and probes the responsibilities of all sorts of health care providers; particularly the Catholic healthcare ministry. Hug says the Catholic Church’s healthcare ministry serves millions of people. It commits billions of dollars to provide services for the sick, the dying, the elderly and all who suffer in so many ways. Hug says that economic, political, ecclesial, technological and social dimension of today world’s demands organizational commitment. Concerning this commitment, it must be personal, professional and corporate to meet the challenges in today’s society. He also says that the church’s action seems to contradict the justice it proclaims.

AIDS: Living and Dying with Hope

In this book, Walter J. Smith, shares how a pastor assisting in the care of AIDS patient must be sensitive to a wide range of complicated issues. In addition to providing care during an obvious health crisis, the patients often call upon the pastor to help them deal with unresolved issues on sexuality, the phobias and fears of family members and the grief generated by a life cut tragically short.

⁶ William E. Amos, Jr., *When AIDS Comes To Church* (Philadelphia, PA: The Westminster Press, 1988).

⁷ James Hug, *Dimensions of the Healing Ministry* (St. Louis, MO: Health Association of the United States, 1989).

Smith says our respective tradition accounts for many of the attitudes, convictions, judgments and feelings formed among pastors and their parishioners. These traditions are an essential element in many of the problems and challenge the church to face the area of human sexuality.

It is, therefore, important to assess the impact of our past on the way we think about sexuality and how that thinking affects our ministries.⁸ Smith says AIDS is a family syndrome; it has its impact not only on the person whose body is infected with the deadly virus, but also on each other person with whom he or she shares an important relationship. Each person with AIDS is someone's son or daughter, someone's brother or sister, someone's parent, spouse, friend or lover.⁹ It's this writer view that no one's life is ever the same once the one you love has been diagnosis with AIDS, everything changes.

Ministry to Persons with AIDS

Robert Perelli says this book¹⁰ is for pastoral counselors. It focuses on the crisis of AIDS in the male homosexual community and proposes a family system theory to provide a structure around which to shape pastoral counseling to people living with AIDS. This book deals with therapy for immediate and extended family and serves as a useful piece of literature for this work.

⁸ Walter J. Smith, *AIDS: Living and Dying with Hope* (New York: Paulist Press, 1986).

⁹ Ibid.

¹⁰ Robert Perelli, *Ministry to Persons with AIDS* (Minneapolis, MN: Augsburg Fortress, 1991)

Facing AIDS: The Challenge, The Church Response

This book¹¹ talks about why this study was prepared. It says that for many of us HIV/AIDS has acted as a spotlight, exposing and revealing many iniquitous conditions in our personal and community lives which until now we have not been willing to confront. The pandemic of HIV/AIDS reveals the tragic consequences of personal actions that directly harm others and of the negligence, which exposes many people outside of the infected persons to additional risks. It unveils any silence and indifference in the community of faith, challenging them to be better informed, more active and a more faithful witness to the gospel of reconciliation in their own lives and their communities.

AIDS: Ministry in the Midst of an Epidemic

Wendell W. Hoffman and Stanley J. Grenz shed light on the barriers that exist in the ministry toward those infected. It identifies the barriers and talks about the adequate responses that should exist. One barrier to ministry in the midst of AIDS epidemic arises from data about the way the disease is carried and transmitted.

The book questions whether or not AIDS is a sinner's disease, but it further on the fact that the apathy that readily results from viewing AIDS as a sinner's disease is damaging to the Christian task, because it may be accompanied by refusal among individual Christians to view persons in the high-risk groups as the proper focus of the church mission.

¹¹ World Council of Churches, *Facing AIDS: The Challenge, The Church Response* (Geneva, Switzerland: WCC Publications, 1997).

Recent decades have brought a shift in the makeup of the church in this country. They are middle class, the respectable social group. They are not poor or under class any more.¹² From this writer's view, everyone is at risk if any one of us is at risk. We must be able to destroy the barriers that cause the obstacles in our society.

Sorrow Built a Bridge

Daniel Berrigan puts a human face on AIDS, the malady, which has reached epidemic proportions. In his writing, the AIDS patients he highlights are poetic and inspirational. Berrigan recounts his own personal journey and ministry with fourteen specific persons for whom "death was given a royal welcome." He does not dwell on the causes of AIDS nor does he pass judgment on its victims doomed to "atrocious suffering." In moving and descriptive language, Berrigan paints a picture of his own experience of inadequacy and helplessness in the presence of such over whelming pain. Berrigan uses scriptures and prayer to connect the encounter he has had.¹³

In These Times: The Changing Face of AIDS

This article¹⁴ informs us of a new area of increasing numbers of AIDS. The shocking category is the African American males who say they are not homosexuals. However, from the increased number of AIDS cases, it may not matter if they are homosexual or not. Their claim to fame is to be bisexual. This increases the number of infected females, who then give birth to infected babies.

¹² Wendell W. Hoffman and Stanley J. Grenz, *AIDS: Ministry in the Midst of an Epidemic* (Grand Rapids, MI: Baker Book House, 1990).

¹³ Daniel Berrigan, *Sorrow Built a Bridge* (Baltimore, MD: Fortkamp Publishing, 1989).

¹⁴ *Weekly Publication*, August 14, 2003.

This article suggests that preventive programs suffer because of limited resources; the value of one AIDS person goes up for the pharmaceutical companies. The emphasis made is that testing and education does not occur, because there is no financial support for caring out the message. Notable is the fact that Americans spend more money on infomercials and nonsense than on treatment and education.

This publication gives some shocking news regarding the increase in the spread of AIDS. The epidemic is increasing in the African American male and decreasing in the white gay male. The latter has more money than the former. Since the AIDS epidemic began, intravenous drug use has been the second leading cause of transmission, next to unprotected sex between men, but the issue has received a fraction of the attention paid to sexual transmission, ignoring the impact of drugs on HIV in communities of color.¹⁵ Perhaps the greatest barrier to reaching young black men with message of HIV prevention and education is the conditions in which they live. "The real culprit in all of this is poverty."¹⁶

The 21 Most Powerful Minutes in a Leader's Day

In this book, Maxwell says that it takes time to become a leader. While a few people appear to be born leaders, the ability to lead is actually a collections of skills, nearly all of which can be learned and sharpened. Maxwell states that leadership is complicated and has many facets respect, experience emotional strength, vision, timing, people skills and the list goes on. He says leadership is a lot like investing in the stock market. What matters most is what you do day by day over the long haul, you must continue to invest in

¹⁵ www.inthesetimes.com

¹⁶ Ibid.

your leadership development.¹⁷ It is with this thought that the church could become a better leader in the community. This writer's view is that in order to reach and teach the masses, you must become desired leaders in today's society.

Preaching

Fred B. Craddock's 1985 work can be used in any seminary in America. The book is very technical in that it covers all aspect of sermon development and delivery. There is one chapter that this writer believes is most important, Chapter Six describes the process of interpreting the text and putting it in one's own words. I have heard many sermons that have been preached out of context. Dr. Craddock uses a systematic approach to guide the preacher through this process. There first must be an understanding of the text in relation to the sermon.¹⁸ He emphasizes the need to read and internalize the text before using the concordance to link scriptures together. Many preachers rely heavily on the concordance to produce a sermon. In the section called "Selection of the Text," Dr. Craddock makes a strong appeal for preachers to use the lectionary or a planned preaching program.

"Sermons that grow and mature over a period of time are usually superior homiletically, theologically and biblically with an ease in delivery."¹⁹

The Sacred Art

This is a wonderful book that is essential for the pastor in this day and time. The book focuses on preaching and practical theology from the African American perspective.

¹⁷ John Maxwell, *The 21 Most Powerful Minutes in a Leadership Day* (Nashville, TN: Thomas Nelson, 2000).

¹⁸ Fred Craddock, *Preaching* (Nashville, TN: Abingdon Press, 1985).

¹⁹ Ibid.

A key thesis statement in the book says: "Preaching is the vehicle and theology is content."²⁰ A theology of preaching affirms that preaching is the primary medium of God's revelation. This theology addresses our particular condition and need. "Practical theology responds in the affirmative through the preached word."²¹

One chapter describes the history of literary black theology and in this chapter a key thought is found on page fifteen. "Black theology is a reflection upon the meaning and message of Christian faith community of the underprivileged and the oppressed."²²

Dr. Moyd makes clear the need to preach theology from a practical point of view. Practical theology examines the biblical mandate and the present human condition and attempts to correlate the two.²³ Practical theology characterizes the bridge between the pulpit and the pew.

The chapter that excited this researcher the most is Chapter Seven, which is entitled, "Studying the Method of Master Preachers." He discusses that the observation of great preachers helps to balance theory since it lets the observer see and learn what actually happens or happened.²⁴ This researcher employs Moyd's advice and enjoys seeing and hearing great preachers as a favorite practice. One such recent experience was to see one of the authors researched for this project, Cleophus LaRue, as he preached in Dayton, Ohio.

²⁰ Olin Moyd, *The Sacred Art: Preaching and Theology in the African American Tradition* (Valley Forge, PA: Judson Press, 1995).

²¹ Ibid.

²² Ibid., 15.

²³ Ibid.

²⁴ Moyd., *The Sacred Art*, 33.

The Heart of Black Preaching

The distinctive power of black preaching matters, not merely of special techniques, but of extraordinary experiences that have, among other results, forged a unique way of understanding the Bible and applying those insights in very practical ways. As described by Cleophus J. LaRue, the purpose of this book is to show that there is in powerful black preaching a distinctive, biblical hermeneutic.²⁵ One in a great series, this book addresses some of the shortfalls in the pulpit on Sunday morning. Chapter One reminds this writer of the book written by Dr. Olin Moyd who has a chapter on practical theology in preaching. Dr. LaRue has a section called “Scripture and Life Experiences.” Scripture is never interpreted in a vacuum. Scripture and the life experiences of blacks stand in relationship to each other.²⁶

Since many blacks face prejudice and stereotyping on a regular basis, the pulpit becomes a place where the sociocultural context is distinctive in the preaching moment, says LaRue. The scriptures demonstrate God’s mighty actions on the behalf of the weak and powerless. This should be a key component in the sermon when the history of black people is examined.

The 21 Indispensable Qualities of A Leader

John Maxwell’s work offers guidance on becoming the person others, will want to follow. The key to transforming yourself from someone who understands leadership to a

²⁵ Cleophus J. LaRue, *The Heart of Black Preaching* (Louisville, KY: John Knox Press, 2000).

²⁶ Ibid.

person who successfully leads in the real world is character.²⁷ Chapter One deals with character and is called “Be a Piece of the Rock.” Character is one of the 21 qualities that make up this book. They are all very helpful to the preacher who desires to show leadership in the church. Two of the qualities discussed in this book that stand out for this writer are relationships and problem solving. The depth of each of these qualities will determine the direction that most churches advance in kingdom building.

A Simple Path

In this work by Mother Teresa, she says, “I can tell you about my Path” she goes on to say I’m only a little wire—God is the power.”²⁸ This book is a unique spiritual guide for Catholics and Non-Catholics alike that is full of wisdom and hope from the one person who has given us the greatest model of love in action in our time. Mother Teresa shares the thoughts and experiences that led her to do her extraordinary charitable work. This book gives voice to a remarkable spirit who has dedicated her life to the poorest people in the world.

My Life for the Poor

This work by Mother Teresa is stated to be the closest readers are likely to come to an autobiography; two of her long-time followers have artfully blended her reflections into an intimate, coherent portrait of her journey. In this book, Mother Teresa speaks of her childhood and her family and upbringing. She speaks of her early religious training as a

²⁷ John Maxwell, *The 21 Indispensable Qualities of a Leader* (Nashville TN: Thomas Nelson Publishers, 1999).

²⁸ Mother Teresa, *A Simple Path* (New York: Ballantine Books, 1995), 13-32.

sister and her “call within a call” that urged her to leave her order to serve the poorest of the poor. Mother Teresa said “In the moments when I was uncertain about my vocation some advice of my mother’s helped me a lot; she often repeated to me, ‘when you accept a task do it willingly, if not, do not accept it.’”²⁹

Listening to the Word

Gail R. O’Day and Thomas G. Long recognize that Fred Craddock has been influential in shaping a generation of preachers and has introduced countless preachers to power of narration, the delight of well-chosen images, the buoyancy of sermon flow, the wonder of surprise endings and the pleasure of gentle humor. This book³⁰ is structured to reflect dual concerns: The preacher must listen to the word in the biblical text in order to preach faithfully, but the preacher must also listen to the way words are at work and play in the life of the congregation and the world in order to communicate the word effectively.

Preaching to Head and Heart

According to Thomas R. Swears,³¹ the task of preaching can become highly cherished and effective once again when the heart and the mind of the preacher speak with clarity and compassion to the heart and the mind of the listener. Preaching that touches the mind alone has no soul, no passion. Preaching that touches the heart alone has no weight, no substance. Preaching that touches the mind and the heart forms the soul, the

²⁹ Mother Teresa of Calcutta, *My Life for the Poor* (New York: Harper & Row Publisher, Inc., 1985), 2-15.

³⁰ Gail R. O’Day and Thomas G. Lang, *Listening to the Word* (Nashville, TN: Abingdon Press, 1993).

³¹ Thomas R. Swears, *Preaching to Head and Heart* (Nashville, TN: Abingdon Press, 2000).

substantive inner life of the believer. The longest journey either preachers or listeners ever take is a journey of but a few inches—from the head to the heart.

The Prophethood of Black Believers

The study of this book³² emphasizes the ministry in black churches but the message will be current wherever the word is preached. J. Deotis Robert challenges ministers and churches to nurture the “prophethood” of all believers in a holistic ministry. The center of black worship is not only preaching, but also music. This is a study of the personal testimony for commitment and involvement in the ministry and mission of black churches.

Preaching Biblically: Exegesis and Interpretation

In this work,³³ William D. Thompson asserts that preaching is biblical when the Bible governs the content of the sermon and when the function of the sermon is analogous to that of the text. Biblical preaching enables listeners to see how their world, like the biblical world, is addressed by the word of God and are enabled to respond to that word. The purpose of this book is to provide procedures for a brief definition of biblical preaching, lay out the fundamental tasks of biblical exegesis, set basic principles of interpretation, and provide a methodology to enable the construction of an authentically biblical sermon.

³² J. Deotis Robert, *The Prophethood of Black Believers* (Louisville, KY: Westminster/John Knox Press, 1994).

³³ William D. Thompson, *Preaching Biblically* (Nashville, TN: Parthenon Press, 1981).

CHAPTER THREE

THEORETICAL FOUNDATION

Historical

One of the worst forms of terrorism on earth occurred when about 3,000 people died in the Sept 11 attacks. Every day about 8,000 people die of AIDS, a total of 65 million people will have died of AIDS in over 15 years. With all the research being done, the fact is AIDS is here to stay.

Researchers cannot overestimate the urgency of the situation. As the HIV/AIDS epidemic in the United States approaches 20+ years, the African American community tops the list in all categories of people infected or affected by the virus. Black children, men and women regardless of age, sexual orientation or income level are contracting and dying of aids in greater numbers than their white and Hispanic counterparts. Who will care for the afflicted and their families? Who will teach African Americans how to stop this disease?

There is no institution in local communities better positioned to respond to these questions than the church. With its long and distinguished tradition of leading people to light in times of great suffering and with its history of mobilizing congregations to activism, the African American Church must assume its mantle of responsibility in the face of HIV/AIDS.

HIV/AIDS is an inevitable issue facing the church now, not in the future. It is now that “the church” should be involved in the HIV/AIDS ministry. The writer ascertains that this must be done by education and compassion. It is a tragedy that many people infected with HIV/AIDS are dying without the comfort or reassurance that the ministry of the church is there to help. In his work, *Ministry to Persons With AIDS*, Robert J. Perelli, says, “Historically, society has left the issues and concerns of death and dying to the church, with AIDS however, the church oddly has abandoned that role.”¹ Perelli further says, “AIDS often strips away the support the grieving people and families can receive from neighbors, the church, coworkers and other family members.”² This in turn leaves those suffering with AIDS alone and dying without the assurance and support they need.

In this writer’s opinion, the church is filled with laborers who should labor as Jesus did through responding to those suffering, sharing with them the message of hope and new life. Robert H. Iles, in his work, *The Gospel Imperative In The Midst Of Aids*; states that the church must abide in faithfulness, giving in neither to the temptation of fleeing the struggle nor to the lure of simple answers; doing what we can to support those who can do more, challenging those who do nothing; being really, if quietly, the body of Christ in the world, this is the gospel ministry of healing.³ Iles further states that “we have to realize that the ministry of the laity is not just passing the cup on Sunday morning or reading but

¹ Robert J. Perelli, *Ministry to Persons With AIDS* (Minneapolis, MN: Augsburg Fortress, 1991), 20.

² Ibid., 32.

³ Robert H. Iles, *The Gospel Imperative in the Midst of AIDS* (Wilton, CT: Morehouse Publishing), 128.

that it is really being truly Christian and compassionate.⁴ It is this writer's opinion that Jesus demonstrated how to labor for all people and we must do the same.

The church must respond to those having HIV/AIDS, as Jesus did to those with whom he came in contact who were suffering with a problem or sickness. Jesus reached the demon possessed, the paralytic, a dead girl, a woman with an issue of blood, the blind, the dumb and a colony of men infected with leprosy (Matt 8:9-34). The church too, without passing judgment, must reach out to all kinds of people. It was recorded that the people during Jesus' ministry assumed that blindness was a judgment from God because of sin; Jesus said that the blindness was not a consequence of sin but an opportunity to show the miraculous healing power of God (John 9: 1-3).

The dilemma is what will the church do to support, educate and help prevent further spread of this disease, what will the church do to support those affected by the disease, how can the church be sensitive and compassionate to the many hurting people who have contracted this disease? From this writer's viewpoint, the church has always been a compassionate community that provided hope for the believer. However, it appears that, from this writer's viewpoint, the church as a whole has failed to reach those who are dying of AIDS, those who are infected and are considered an outcast in society. It is the writer's opinion that they must be reached by themes of compassion, hope and love.

Probably ignorance is the component that prevents or limits the church from extending compassion and expressing sensitivity to those who struggle with HIV/AIDS is ignorance. This might sound harsh, but it is not. Ignorance simply deals with not knowing the details or the particulars of a specific subject matter. Although the church has been a

⁴ Ibid.

viable advocate for education, voting rights, removal of slavery and served as a refuge or healing place with compassion and sensitivity, it appears that the church has not done equally so in the area of AIDS prevention, AIDS awareness, and AIDS as a community problem.

A 1996 Gallup poll revealed that teenagers were less afraid of getting AIDS in 1995 than in 1991. This is despite CDC's reports that AIDS is the leading cause of death among African Americans aged fifteen to twenty-four. Though today's teens have less fear of infection, people continue to believe that sex education is the best way to stop the spread of AIDS. In his work, *Somebody's Knocking at Your Door*, Ronald J. Weatherford, states that "sex education is all about values. What better place to teach values than the church. What better place to reach those infected and affected with HIV/AIDS. Toward that end, many public schools offer AIDS education and sex education and condoms."⁵

Some churches adamantly oppose sex education and condom distribution. But many African American churches have been absent from the pedagogy and the debate at a time when more and more schools are not only teaching sex education but also integrating character education into their courses of study.

Weatherford further says that "the African-American church is not of one mind on AIDS prevention education. The sheer number of denominations and doctrines reduces the likelihood that any single prevention-education model will suit the needs of every local church"⁶

⁵ Ronald Jeffery Weatherford and Carole Boston Weatherford, *Somebody's Knocking at your Door! Aids at the African American Church* (New York: The Haworth Press, Inc., 1999), 53-58.

⁶ Ibid., 56.

This writer found at least one organization that is an advocacy for AIDS education, The Balm of Gilead Inc. It is a 501(C)3 organization whose mission is to mobilize the African American community through prayer, HIV/AIDS education and offers guidance to the religious community in supporting individuals infected and affected by HIV/AIDS. The Balm of Gilead is a forum for information-sharing among the thousands of activists working in our churches, mosques, synagogues and community-based organizations who know that the most effective way to reach and support African Americans is within a spiritual context that gives glory to God.

Historically, the church always provided for the poor, orphan, the homeless and user of drugs to some degree. It is the opinion of this writer that the church has to take on the attitude Jesus describes when He says, "The Spirit of the Lord is upon me to preach the Gospel to the poor; he hath sent me to preach deliverance to the captive, recovering of sight to the blind to set at liberty them that are bruised." (Lu. 4:18)

From the standpoint of preaching to the poor, the church has done that, from the standpoint of preaching deliverance to the captive, i.e., drug abusers, homeless, orphans; and the recovering of sight to the blind i.e., sinner and unsaved, the church has done that; and to set at liberty those who are bruised, i.e., hurt, oppressed, outcasts, those who are poverty stricken and destitute the church has done that, too. The church has sought to provide for human needs. Dr. Walter Malone, Jr. in his book, *From Holy Power to Holy Profits the Black Church and Community Economic Empowerment*, states, "The church is seeking to respond to human need."⁷

⁷ Walter Malone, Jr., *From Holy Power to Holy Profits: The Black Church and Community Economic Empowerment* (Chicago, IL: African American Images, 1994), 105.

The church has a history of being sensitive to those with health care issues. In *Dimension of the Healing Ministry*, James Hug states “One particular order of the church that has responded to man’s profound crisis was the Catholic Church. It was the Catholic healthcare system that was founded principally by religious orders of women. Most of these orders were born either out of the French revolution or the industrial revolution to minister to European peasants displaced by the risk of industrial society.”⁸

Hermits lived out the first historical form of healing ministry in the desert when they left the Roman Empire after it compromised Christianity by standing as witnesses to the crucifixion. They quickly found that they were not alone in the desert; people left the city to be with them and to seek their spiritual wisdom. They had to feed, care for these people, and put a roof over their heads. Thus emerged what came to be known as the common life or monasticism, the second historical form of religious order. The monastic form of religious life reigned during the late years of the Roman Empire and through the early period of feudalism.

By the 13th century, a new post feudal society not completely controlled by the church, was emerging. This involved the rise of the commercial cities that traded with the East and eventually, with the New World. A new social experience grew up around those cities, universities were part of the newness and the modern healthcare system grew out of them.

The monasteries were isolated from the cities, the city would not come to the monastery and so the monastery did not minister to the city. A new form of the religious order was therefore needed, this new form was called mendicant, typified by the Franciscans and the Dominicans. They lived in monasteries but they left the monastery to bring the Gospel to the city, when their energies waned, they

⁸ Hug, *Dimensions of the Healing Ministry*, 94.

returned to the monastery. The city was a foreign place to which the mendicants went for ministry, but they drew their life from the cloister. The mendicant's logic was stretched to the breaking point in the 16th century by the creation of the Society of Jesus, the Jesuits. The 17th through the 19th centuries saw the appearance of countless social welfare orders, especially of women. The mendicant principle was abandoned and religious order planted within the world itself, these apostolic orders anticipated the social welfare state: they built schools, they built hospitals, they ran charitable programs for orphans and widows.⁹

Not only has the institutional church expressed concern for the health care needs of people, but there have also been outstanding believers who have personally taken on the responsibility of giving care to persons with health care needs. One such figure was the charismatic St. Francis of Assisi. Born in twelfth-century Italy, Francis sold all his possessions to obey Christ's call to repair his church.¹⁰ Francis devoted his life to living in poverty (wearing only a coarse robe and begging for food) and caring for lepers and outcasts. Later, he founded an order of friars and was influential in reforming the then very rich and frequently misguided, Catholic Church.¹¹

The renowned Mother Teresa is another who gave special concern for those with health care needs. Similar in many ways to Francis of Assisi, Mother Teresa was known around the world for her indefatigable work on behalf of the poor, the sick and the dying. She devoted her life to give hope to the hopeless.

In India and beyond, Mother Teresa and her Missionaries of Charity devoted their time to the blind, the disabled, the aged, and the poor. She opened schools, orphanages and homes for the needy, and turned her attention to the victims of AIDS as that disease increased in prevalence. By 1996, she was operating 517 missions in more than 100 countries.

⁹ Ibid., 103.

¹⁰ Mother Teresa, *A Simple Path* (New York: Ballantine Books, 1995), 11-19.

¹¹ Ibid., 18.

Mother Teresa says that she understood better the exhaustion of those who were really poor, always in search for a little food, of medicines, of every thing. She further states that the memory of the material security that I enjoyed in the convent of Oreto came then to me as a temptation and I prayed like this.

O God through free choice and through your love, I want to stay here and do your will, my community are poor, their security is mine, their health is my health, my home is the home of the poor, not just of the poor but of those who are the poorest of the poor. Of those to whom one tries not to get close for fear of catching something, for fear of the dirt or because they are covered with germs and disease, of those that do not go to play because they can't leave their house naked, of those that no longer eat because they haven't the strength, of those that fall in the street, knowing that they are going to die while the living walk by their sides ignoring them, of those who no longer cry because they have no tears left, of the untouchables.¹²

Through the life of mother Teresa, one can say that she demonstrated what God demanded of every believer, giving of herself to promote the well-being of those who are oppressed. Mother Teresa actually chose to be poor. Mother Teresa said "we joyfully accept to spend 24 hours with the kind of people with whom sometimes we cannot even converse properly. They are the poorest of the poor, covered with dirt and with maggots. They are the lepers, the abandoned, the destitute, the homeless, the sick and the dying."¹³

The book, *The Simple Path*, has a statement by Mother Teresa that perhaps provides some insight as the church's responsibility to those who are HIV/AIDS. Mother Teresa said, "... isn't always about doing for the poor but about being there in their suffering, sharing it with Christ. Jesus wanted to help by sharing our life, our loneliness, our agony, our death, only by being one with us has he redeemed us."¹⁴ We are allowed to do the same, with those with HIV/AIDS.

¹² Ibid., 11.

¹³ Ibid., 18.

¹⁴ Ibid., 19.

It is noted that the compassionate ministry of the church has always existed. The church that is filled with Christians should be following the Son of God through suffering to the promise of new life and it should be done with compassion. The church's response to HIV/AIDS and those living with HIV/AIDS should be through preaching, healing and or spiritual guidance and care. An interesting thing about "the church" is that it has always been an outspoken leader on issues concerning social, political, human injustices. From the past to the present, the involvement has been to reach and to touch those who are hurting. Historically, the church stood for hope in all circumstances.

Today, because society views HIV/AIDS sufferers as if they are the modern day lepers, this poses great challenges for the church and its ministry of healing. Leprosy was a chronically communicable disease caused by the acid-fast mycobacterium *Leprae*. It may have taken up to thirty years for leprosy to surface in individual. Israelites greatly feared leprosy. As with those with HIV/AIDS, people with leprosy were forced to stay in strict isolation by law, making people with leprosy feel like the feared outcasts of society.¹⁵ Perhaps the greatest tragedy of a person with leprosy was isolation (see Leviticus 13 & 14). But, how does society react and care for those who are dealing with HIV/AIDS? This virus causes the human body to be unable to fight off diseases, other viruses and infections. Like leprosy, HIV/AIDS can go unnoticed in an individual for years.

Leprosy as a chronic disease was strictly observed by the priest. There were health rules and regulations as well as social standards that controlled the lives of all victims of leprosy. In II Kings 5:8-14, there is an example of a man of God Elisha ministering to Naaman who was afflicted with leprosy.

¹⁵ Merrill C. Tenney, *The Zondervan Pictorial Encyclopedia of the Bible* (Grand Rapids, MI: Zondervan, 1976), 376.

Some label HIV/AIDS as this society's modern day leprosy. In today's world, HIV/AIDS lacks the attention of the priests, ministers, pastors and the people of God. Too much attention is given to the social aspects of HIV/AIDS rather than treatment and support. The church must be proactive in fighting the ills of our society and must be seen as the leading agent of change throughout society.

The HIV/AIDS problem is a serious problem in the African American community. However, historically, the Black Church has played a tremendous role in alleviating the ills of the people within its community whatever the ill might have been. Benjamin Quarles asserts, "The role of the Negro church, like that of its pastor, did not stop with Sunday service. It was a welfare agency, dispensing help to the sicker and poorer members. It was a training school in self-government, in the handling of money, and in the management of business."¹⁶

The Black Church historically has been a many-sided institution aggressively shaped by the needs of the African-American people. It "has always been a spiritual family of fellowship, caring and sharing. . . . When black people were oppressed, abused, and denied human rights because of the color of their skin, it was in the black church that they experienced togetherness and strength."¹⁷ Whatever the African American people have needed to advance their lives holistically, the Black Church sought to meet that need, even as far as meeting the needs of the bereaved. It is this writer's contention that when the church is driven by compassion the church will then become sensitive and will reach out to those suffering with AIDS. A most compelling rationalization for reaching out to those

¹⁶ Benjamin Quarles, *The Negro in the Marking of America* (New York: Macmillan Publishing Company, 1987), 101.

¹⁷ Olin P. Moyd, *Redemption in Black Theology* (Valley Forge, PA: Judson Press, 1979), 188.

suffering with AIDS was articulated by Henri J. M. Nouwen, who wrote, "To be a wounded healer, one must first of all affirm and accept one's own life story."¹⁸

Howard Thurman declares that suffering is universal for human kind; there is no one who escapes. Suffering makes demands upon the wise and the foolish alike, the literate and the illiterate, the saint and the sinner.¹⁹ The call of the church is to suffer with those who are suffering, regardless of the cause of their suffering, as Christ has suffered for us on behalf of our sins.

Theological

A theological perspective on creation can help the church in her response to those with AIDS. The Bible declares in Psalms 139:15 says that we are fearfully and wonderfully made; all are created in the image of God. If we were created in the image of God, it is this writer's opinion that God intends for humankind to be a reflection of his nature. The Bible in John 1:1, 14 says "In the beginning was the Word, and the Word was with God, and the Word was God And the Word was made flesh, and dwelt among us, (and we beheld his glory, the glory as of the only begotten of the Father,) full of grace and truth."²⁰ The nature of God was manifested to through the life of Jesus

The gospels seem to portray Jesus as one who was able to interact with all people regardless of their status or condition in life. Jesus' practices of inclusiveness, consistency, the refusal to judge, and the willingness physically to touch others were key components

¹⁸ Henri J.M. Nouwen, *The Wounded Healer Ministry in Contemporary Society*, (New York: Doubleday, 1972), 82-88.

¹⁹ Ibid., 82.

²⁰ The King James Bible, unless otherwise noted, all future biblical references are from this version.

that enabled Jesus to interact with all people. For the church to be able to reach out to those with AIDS, these four components must be alive in the life of the church. The following contains a brief overview of how today's church can engage interactively with others and provides details on the implication of each component.

Inclusiveness

For Christ to have focused on the circumstances of ministry would have revealed an inconsistency and partiality in the nature of God that simply does not exist. There were loaded social issues in Jesus' day, as there are in ours. There were those people whose situations were less socially acceptable than others, such as the Samaritan woman at the well, lepers, and adulterous women. Then there were people who were not acceptable to the religious establishment of Jesus' day, such as Zacchaeus, Matthew, and those called "publicans and sinners."

"The kind of ministry recorded by the Gospels is a ministry that reveals a strong personal move toward people, with the message that all people and all circumstances are acceptable in God's presence. The inclusiveness of Jesus' ministry brought it own strong, clear honoring of the person of God."²¹ From the book, *The Evangelistic Love of God and Neighbor*, it is important to note, "Within the community of Israel, Jesus was continually breaking boundaries." Bosch says, "What amazes one again and again is inclusiveness of Jesus' mission. It embraces both the poor and the rich, both the oppressed and the oppressor, both the sinner and the devout. His mission is one of dissolving

²¹ Amos, *When AIDS Comes to Church*, 65.

alienation and breaking down walls of hostility, of crossing boundaries between individuals and groups”²²

This very inclusiveness stands before the church as an example as we deal with our response to life. Within that example are several significant facts that need to be considered. First of all is the unquestionable fact that Jesus’ example declares that all people are acceptable to God. Further, they are acceptable as they are, regardless of their circumstances or condition.²³

It is important to reread that passage from Luke’s Gospel (4:16-20) that has been called the “inaugural address” of Jesus. Jesus had come back to his home church. He was invited to read from the scripture there in the synagogue. Jesus used this opportunity to declare boldly not only who he was as the Anointed One but also, specifically, what he was going to be about. In essence, Jesus was saying that in order to understand who the Messiah is and therefore who God is, pay close attention to the kinds of people that are the recipients of ministry. He chose that wonderful and moving passage from Isaiah 61:

The Spirit of the Lord God is upon me; Because the Lord has
anointed me To bring good tidings to the afflicted; He has sent me
to bind up the brokenhearted, To proclaim liberty to the captives,
And the opening of the prison to those who are bound; To proclaim
the year of the Lord’s favor.

Each time this writer encounters opportunities to stand in the presence of people with HIV/AIDS these words resound. Whether they are innocent victims or victims of their own behavior, they are nonetheless afflicted each day with this disease and bound by all its effects: physical, social, emotional, and spiritual. The ministry of the church simply

²² Scott J. Jones, *The Evangelistic Love of God & Neighbor* (Nashville, TN: Abingdon Press, 2003), 122.

²³ Amos, *When AIDS Comes to Church*, 66.

must reflect the kind of acceptance, the kind of sensitivity, the kind of relationship that will result in their finally being free, not just physically in death but also free because they have made peace with themselves, with their God, and with their families and friends. Herein lies the essence of true ministry. For the church to respond to that in the strong example of Jesus Christ is indeed our challenge. In his work, *Becoming a Fruit Bearing Disciple: Hanging with the Teacher*, Dr. Terry Thomas states, “Jesus’ disciples witnessed something unusual in Jesus’ presence. They witnessed Jesus accepting, affirming and affiliating with a person whom society had shunned and completely banished”²⁴ From this writer’s view, Jesus’ level of inclusiveness did not change, regardless of the person’s condition or disease.

Jesus seemed to go out of his way to be involved with persons whom the religious community had either put in their place (i.e., beggars, women, Samaritans, publicans, and tax collectors) or discarded (i.e., lepers, the handicapped, the emotionally and mentally ill). There was bound to have been plenty of need within the more “acceptable” community for Jesus to minister there. However, he chose dramatically to go upstream against the norms of society to make the point that *all* people are acceptable. There are no “throwaway people” in the economy of God. In addition, a careful study of the situations Jesus encountered will reveal that his ministry was an honest response to need.

There were no preconditioned statements of belief required before ministry would happen. Jesus is pictured as always moving toward persons and their needs. Sometime Jesus sought them out; other times, they sought Jesus because of his reputation for responding. Whatever the context, Jesus seemed always willing to move toward human

²⁴ Terry Thomas, *Becoming a Fruit Bearing Disciple: Hanging with the Teacher* (2003), 57

need, without discrimination or condition. Certainly there were instances when actions were required for healing to be complete (for example: washing in the pool, John 9, or picking up one's bed in order to walk, John 5)²⁵. However, it was not the pattern of Jesus' ministry to require a statement of faith or commitment to life before he would engage in ministry. There are numerous incidents where the requirements of discipleship are made abundantly clear. These, however, stand apart from the incidents of ministry to human need. Jesus seemed to delight in offering himself and his power to those in need, regardless of their circumstance or position in life.

When AIDS comes to church, it will most likely come as an uninvited guest. Most of us will have to respond to AIDS after we discover its presence among us. Few of us will go looking for those with AIDS. The important thing is not how AIDS comes to the church. It is in being able to respond consistently in the model of Jesus to all those with AIDS who do come.²⁶

The ministering acts of Jesus stand on their own worth. All of them point to and honor God. None of them require anything in return. There are, throughout the Gospels, numerous occasions where the process of discipleship was begun as a result of an encounter with Jesus (i.e., Mark 2:1-5). There are other instances where it was faith itself that brought people to an encounter with Jesus (Matt. 9:27-31). There are even those times when Jesus expressed forgiveness of sin to someone with no prior discussion of faith or discipleship, and we know nothing of what happened as a result (John 8:1-11). All of which is to say again that human need and situation are, in the model of Jesus, the things

²⁵ Amos, *When AIDS Comes to Church*, 67.

²⁶ Ibid.

that attracted him to people. He constantly seemed to be going out of his way to go through the Samarias of his day, rather than taking the more acceptable route around them. For some persons with AIDS, considerations of discipleship and faith will most surely be a part of their journey. For others, perhaps not. In either case, there is the singular presence of need that calls us to respond. In neither case do considerations of faith become a requirement in order for the church to respond. We already seem to understand this with our present ministries to groups such as the mentally or physically handicapped, aged, divorced, ill, and infirm. We simply need to include those with AIDS in the same manner. Compassion is still the key to inclusiveness.

Consistency

This raises the second matter that comes out of the ministry of Jesus, the issue of consistency. We have become so conditioned by society that, unfortunately, we choose to avoid some issues. Sticky issues should reflect an understanding of that biblical truth. For example, there is a minister who abuses his body through overeating and lack of exercise and becomes grossly overweight.²⁷ Then there is another minister who takes his body into a series of adulterous relationship. When disclosure happens, chances are that only one of them will lose his job, and it will not be the one who eats too well.

Another example: There are two church members. One of them exposes his body to enough alcohol and tobacco that cancer develops and death occurs. The other exposes his body to enough promiscuous sexual activity that AIDS is contracted and death occurs.

²⁷ Ibid.

Chances are that we will not hesitate to support the one who dies from cancer. To the one with AIDS, we will usually be very cautious indeed about being involved.

Amos states that, "Societies are also controversial issues for the church. At the top of that list of issues are things sexual. The church is guilty of treating these kinds of issues unlike the way we treat others"²⁸ As an example, let us assume we agree on the theological statement that our bodies are the temple of God. Another example needs to be drawn. Because the majority of AIDS cases are related to the homosexual issue, there is often a great deal of resistance to being open to them because homosexuality is considered to be so "unnatural." Yet little is said about other "unnatural" acts, such as parents abusing children or spouses abusing each other physically and sexually. In addition, there are the deeply damaging effects of emotional abuse that we inflict on each other as adult-to-adult and parent-to-child. Nowhere in God's plan for us can these acts be called natural.²⁹

There were those people whose situations were less socially acceptable than others, such as the Samaritan woman at the well, lepers, and adulterous women. In his work, Dr. Terry Thomas further asserts, "The disciples experienced Jesus breaking through barriers to establish friendship with someone who had been put down and put aside in their community. Jesus was breaking through barriers that defined people based upon things that they could not control and not the content of their character- a woman and a Samaritan; a leper, a tax collector or a prostitute; Jesus was consistent."³⁰

²⁸ Ibid., 69

²⁹ Ibid.

³⁰ Thomas, *Becoming a Fruit Bearing Disciple*, 46.

We are woefully inconsistent in our response to people and situations. Yet the biblical record is clearly consistent. A careful examination of scripture will reveal that sins are not graded or scaled. Amos states, "Contextually, they are generally treated together, with none singled out as worse than the others."³¹

Jesus sought to minister from a perspective of consistency in a society that surely graded things and scaled them as "better than" or "worse than." He wanted to make clear that it is the person involved in a situation who is important. It is this writer's opinion that there were those people whose situations were less socially acceptable than others, such as the Samaritan woman at the well, lepers, the tax collector, the blind man and adulterous women; who Jesus never treated differently, but was consistent in his outpouring of love, grace, mercy and compassion. Situations and circumstances should never preclude ministry. Consistency is one way to assure that they do not.

The Bible treats references to homosexuality in the context of other issues that people struggle with in life. Paul's letter to the Corinthians (I Cor. 6:9-10, KJV) is often quoted regarding homosexuality. What is not often noted or quoted is that Paul names a whole list of "unrighteous" things, including fornication, idolatry, adultery, homosexuality, thievery, drunkenness, slandering, and swindling. Our lack of consistency enables us to treat sexually-related problems like AIDS quite differently from things that are non-sexual and thus more socially acceptable. The person who cheats on income tax and the person who passes along slanderous gossip about others are in the same category, biblically, as those who are involved in sexual matters such as fornication, adultery, or homosexuality. Amos says, "In God's summary statement of an ethical and moral basis for

³¹ Amos, *When AIDS Comes to Church*, 70.

living, called the Decalogue, or the Ten Commandments, only one reference is made to sexual matters, and that is to adultery, not homosexuality or promiscuity.”³²

The Old Testament is as consistent as the New Testament. However Amos says; “The passage is often quoted from Leviticus regarding homosexuality (18:22). Yet rarely are similar references cited to those parts of Leviticus that talk about stoning to death those caught in adultery or stoning to death those sons who become unmanageable in their behavior, as is outlined in Deuteronomy 21.”³³ This project does not infer that church become less concerned with any issue, it only suggests that church must become consistent in its concern and not let our preoccupation prevent us from ministering in the model of Jesus. Jesus’ model was one of compassion, no matter what the situation or circumstance was.

We have already moved in the area of AIDS to grading from more acceptable to unacceptable those who contract the disease. While I had thought of some AIDS patients as “innocent victims,” I had not really ranked them in order of acceptability. The story is told in a case study that a parent, a mother, mentioned in a conversation after her son’s death. Her comment was that, as far as the church is concerned with people with AIDS, the list would run like this, from most acceptable to unacceptable: (1) infants born with AIDS; (2) persons who were infected from blood transfusions; (3) spouses of persons with AIDS who contracted it before they knew the other had it; (4) those contracting the disease from promiscuity; and (5) those contracting the disease from adultery. Then she paused and said. “It would probably be a toss-up as to who would be on the bottom of the

³² Ibid.

³³ Ibid., 71.

list, the prostitutes, the addicts, or the gays.” There is an unfortunate amount of truth in her assessment.³⁴

Judgment

A third matter that needs to be examined is the issue of judgment. Jesus was clear, beyond any question, that judging is not our task or our business, but God’s. In fact, Jesus reminds us not only that we will be judged but also that our judgment of others will be judged as well. Amos further says; “In regard to AIDS, our judgment of others often comes from an emotional frame of reference rather than a theological one. What we do not understand or like or even admit the possibility of in ourselves is usually that on which we pass the harshest judgment. Whatever our frame of reference, there is a theological dimension to the issue of accountability.”³⁵

From this writer’s view the essence of the gospel is “good news.” Many people who are living with AIDS hardly ever hear any good news. What they hear first and loudest is the message that they are in big trouble with this world and with God because of their behavior or their lifestyle. Amos states; “This pronouncement of the bad news of judgment, punishment, and wrath, in the name of One who represents all things good, is a self-contradictory message. Judgmental bad news can be communicated non-verbally as well. We can just withdraw from those with AIDS. We can refuse to touch them or speak to them or look at them or include them. Judgment can be expressed both ways. Neither way is theologically consistent with the persons and work of Jesus.”³⁶

³⁴ Ibid.

³⁵ Ibid.

³⁶ Ibid., 71

Amos, further states that “Some feel that a posture of judgment is necessary in order to call for repentance and a change of lifestyle from people. To capitalize on someone’s tragic circumstances for the purpose of evangelism falls far short of the example of Jesus given throughout the Gospels. Such an approach is reminiscent of long-ago days when slaves were transported from Africa to the new country of America.”³⁷ Amos further asserts, “It was not at all uncommon in those days to stop enroute to evangelize the slaves, on the theory perhaps, that Christian slaves would bring a more handsome profit in the marketplace. The slaves received two messages. One message was, as white people we will shun you and avoid you and not accept you as people. The second message was, while we have you in shackles, we want you to know that Jesus loves you and we are brothers and sisters. Such double messages not only end in hopeless confusion but also make a mockery of the example and ministry of Christ.”³⁸ Philip Yancey, in the book *The Jesus I Never Knew*, states, “Jesus’ response to disease set a pattern for the church that formed around him, and Christians proceeded to follow his example of caring for the sick, the poor, and the outcast. In the case of leprosy, although the church sometimes added to the misery with its ‘curse of God’ message or what one might call Judgmental attitude.”³⁹

The attempt to relate judgmentally to persons with AIDS is much like that. We send two messages to them as well. One is, we will shun you, avoid you, not touch you, and not accept you as fully human; you are a second-class citizen at best. The second

³⁷ Ibid., 71

³⁸ Ibid., 72

³⁹ Philip Yancey, *The Jesus I Never Knew* (Grand Rapids, MI: Zondervan Publishing 1995), 169-175

message is, while you are shackled in a death trap called AIDS, we want you to know that Jesus loves you and we really are brothers and sisters.⁴⁰

A very acute description of judgment, one which should be emblazoned on our minds and hearts as we minister to persons with AIDS, comes from Frederick Buechner in his delightful little book of theological definitions, *Wishful Thinking*. In reminding us that judgment waits in the future for all of us, Buechner emphasizes those judgments about us and our lives that will take place, but judgment will also happen on our judgments of others. Not only will God, who is the ultimate judge, judge us but Christ, who is the one who loves us more than any other, will also judge us.⁴¹

We may need to do some rethinking about evangelism in light of the situation of AIDS patients. The proclamation of the good news and the invitation for everyone to make the kind of commitment that results in discipleship are essential parts of the evangelical church tradition. However, there are many situations where any kind of ministry can be subverted by conditional calls for repentance and renunciation of lifestyles and habits.

One of the saddest examples of this was reported by the mother in the case study. During one of the son's stays in the hospital, his mother had the opportunity to meet another mother whose son was also dying of AIDS. With great pain his mother told me of this other woman's daily trips to the hospital, where she sat by her son's bed, reminding him that unless he repented and renounced his lifestyle, he would surely burn in hell for all eternity. It was not until just a couple of days before his death that she realized this

⁴⁰ Amos, *When AIDS Comes to Church*, 72.

⁴¹ Ibid.

approach was not only nonproductive, it was separating her from her son for what precious time they had left. Again, if the compassion and love that Jesus exemplifies would take control, what a difference that would make.

As a pastor, I have a deep conviction about and concern for every person's relationship with God, especially those whose life is drawing to a close. However, rather than condemning and judging and calling for repentance, I have found that I just need to be present to the religious issues that are already surfacing. The presence of God helps me to be sensitive to what is already beginning to happen in the lives of people dying with AIDS. If I contain myself long enough, there is ample opportunity to discuss with any AIDS patient what is involved in getting one's life ready for death. In my experience, without exception, one of the major issues that those dying with AIDS face is the need to have assurance that the sins of their lives, whatever their nature, are forgiven. Moments of such confession in the context of pastoral care are sacred moments for anyone and hope; love and especially compassion must reign. Walter J. Smith, *AIDS: Living and Dying with hope* states "that the importance of providing non-judgmental and sensitive assistance to persons who are ill and dying of AIDS is central and of great concern. The AIDS phenomenon provides a focus for the projection of fears and prejudices against infected person and those in already marginated high-risk groups."⁴²

As the disease of AIDS progresses, the issue of renunciation of lifestyles and habits becomes a moot point. Whether the lifestyle through which AIDS was contracted was sexual or drug-related, the disease itself puts an end to further activity in either area. Amos says, "To impose such concerns upon someone who is approaching death is to miss the

⁴² Walter J. Smith, *AIDS: Living and Dying with Hope; Issues in Pastoral Care* (New York: Paulist Press, 1988), 128.

point of what is happening.”⁴³ Whatever our concern about a person’s relationship with God, a compassionate and sensitive pastoral presence will provide more than enough opportunity to deal with any aspect of this issue.

Touch

A final matter needs to be examined as we look at the life and ministry of Jesus as our model and example. That is the importance of touch, the laying on of hands. Until one has walked awhile in the darkness with persons with AIDS, one cannot begin to imagine how very significant touch is. Amos asserts, “The initial reaction to AIDS is often not well thought out. It has been called AIDS hysteria. Some journals have named it, more specifically, AFRAIDS (Acute Fear Regarding AIDS).”⁴⁴

Amos further says; “Whatever it is called, the results are loss of contact in general and touch in particular by the AIDS patient. The reaction has been painfully witnessed in those situations where children have contracted AIDS through blood transfusions. Enormous battles have erupted in communities and on school boards as to whether these children should attend school with other children. It is difficult to imagine any human being having to do without touch. To be a child and to lose that kind of interaction with other human beings is truly devastating.”⁴⁵

An old school of thought promotes touch for healing. Frank Schuster, Bio-Touch™ Practitioner of “Just Touch” states that “touch has been out of favor in our society for many years on many levels—personal, social, therapeutic, etc. I want to challenge you to

⁴³ Amos, *When AIDS Comes to Church*, 73.

⁴⁴ Ibid.

⁴⁵ Ibid.

think with me about this subject and perhaps stretch a little beyond your comfort zone.

Despite all the news stories about bad touch, good touch is alive and well.”⁴⁶

Schuster further states that “Children naturally respond wonderfully to touch. As we grow older, it seems that the inclination to touch or be touched is shunned—at least in the Western world. Yet I notice a gradual return to the acceptance of touch through public hugging. Really, we know intuitively that hugging, caressing and soothing touch are natural forms of human expression. For children we can go further by unequivocally stating that touch is necessary for healthy growth and development. I believe that teens and adults can also benefit physically and emotionally from good, loving touch on a regular basis. Touching conveys love and gives us a sense of belonging.”⁴⁷

Touching with intent to help one heal is an important aspect of loving and supporting one another. I believe that touch healing can restore health because a natural rebalance occurs in the presence of pure love. When we touch with loving intent, something happens and that something is healing at some level of consciousness.

Schuster says that we should consider that to touch another with intent to help relieve suffering or illness is sharing on par with more common activities. When we offer to pray for another, listen to their problems, prepare meals or help them with a project, we are sharing our lives. Why should we not share a concerned, healing touch with equal intention? To do so is a healing act, one that says that we are in this life together and what affects one affects all. If one among us is sick or in pain, we all are affected.”⁴⁸

⁴⁶ www.justtouch.com.

⁴⁷ Ibid.

⁴⁸ Ibid.

We have made of AIDS a kind of modern-day leprosy and, of AIDS patients themselves, modern-day lepers. They have become the untouchables in our society. Amos says that; “Medical data assure us that there is no risk in touching a person who has AIDS. Medical data assures us that there is no risk in touching a person who has AIDS. However, there is also a biblical rationale for this all-important ministry of touch. Recall the numerous instances where healing was associated with the laying on of Jesus’ hands. While touching is not the same as healing, there is a kind of healing that goes with being touched by people who care about you and care for you.⁴⁹ Many times during a death experience, I have simply held on to someone in a desperate kind of hug because there were no words to say. Touching another in the name of Jesus Christ is a kind of healing all by itself.

In the eighth chapter of Matthew (vs. 1-3), an encounter between Jesus and a leper is recorded. The leper approached Jesus asking for healing. Jesus stretched forth his hand and touched the leper, and he was healed. The gospel writer used the word “touch” to dramatize how different this act of Jesus was. He could just as easily have said that Jesus healed the man. The writer was making a point that not even lepers were off limits to Jesus: “He stretched out his hand and touched him.” As far as society was concerned, healing was one thing, but touching an untouchable was something else entirely.

In another case study, this man called Tom shared with me an experience he had with touching. As his illness progressed, his participation and attendance in church understandably declined. Word began to get around that he indeed had AIDS. After he had been absent from church for several Sundays, he came one Sunday morning and took

⁴⁹ Ibid., 74.

his usual seat alongside a member, down front on the eastside of the sanctuary. I was not aware that anything special happened that day. I remember that I, along with others, was really glad to see him well enough to be in church again. But later he told me that the neatest thing about being back was that, even though everyone knew he had AIDS, people still touched him on Sunday morning.

He had come to church fully expecting to be shunned. Surely, he felt, those who normally shook his hand or hugged him would not do so now. However, he went on, the special thing was that another women came down to where he was seated and made him stand up so she could hug him. The best part was that she waited until almost eleven o'clock, when the church was full of people, before she walked down front to his seat, knowing that everyone in the church could see her not only touch him but hug him. She was well known in the church. She was the treasurer and one of the very favorite special people around the church. Everybody loves and jokes with her and enjoys being around her. Her quiet ministry of touch did not go unnoticed, either by him or by a host of others.

Whatever else happened in worship that day, for him the Word had already become flesh in that act of touching. In that simple, bold, strong act of a fellow church member, Tom felt the good news of Jesus Christ. He heard through the gift of touch the words of the father in Luke's story (15:11-32). You are loved, you are prized, and you are welcomed home. Thomas in the book, *Becoming a Fruit Bearing Disciple*, says that it was hard to describe what Jesus' disciples thought when they saw him touching a man with leprosy (Mark 1:40-42). This was confusing to the disciples because the man with leprosy broke the law first by approaching Jesus and perhaps to the disciples' surprise,

Jesus did not turn away from the man that broke the law, but rather touched the man with leprosy, and according to the law, making himself also unclean.⁵⁰

In his ministry, Jesus was not afraid to make physical contact with those in need. The Gospels abound in example of Jesus' touching of people. He often took the hand of sick persons to help them stand as he healed them. Jesus laid hold of the hand of Peter's mother-in-law, for example, to help her up as he cured her fever (Mark 1:31). On another occasion, he took the hand of a girl presumed to be dead and raised her to life (Matt. 9:25). Jesus was even willing to take the hand of a boy possessed by a demon and liberates him his tormentor (Mark 9:27).

Not only did Jesus take the hand of others, he also was willing to put his hands on those in need of his ministering touch. A crippled woman was one recipient of this healing action (Luke 13:13). Likewise, the fingers of Jesus often reached out to those to whom he ministered—touching blind eyes to make them see (Matt. 9:29; 20:34; John 9:6), deaf ears to bring about hearing (Luke 22:51), silent tongues to give the gift of speech (Mark 7:33).

Most significantly, however, Jesus was not afraid to touch the outcasts of his day, those suffering from the dreaded and contagious disease of leprosy (Matt. 8:3; Mark 1:41; Luke 5:13). Amos says, "This debilitating illness erected an impenetrable wall between the afflicted and the society of the healthy. Laws against any kind of contact with lepers were strictly enforced and the victims of this disease were treated as the living dead."⁵¹ One man, however, was willing to cross the barriers and touch those outcasts—Jesus.

⁵⁰ Thomas, *Becoming a Fruit Bearing Disciple*, 65-76.

⁵¹ Amos, *When AIDS Comes to Church*, 76.

The willingness of the Master to touch those to whom he ministered becomes more significant when it is remembered that actual physical contact was not necessary for Jesus to heal. "He appears to have had the power to cure the sick without the least amount of physical contact or even physical presence (e.g., Luke 7:1-10). Nevertheless, he freely chose to touch the untouchables."⁵² These acts demonstrate Jesus' great compassion.

The Book of Acts indicates that the early church followed Jesus' example of fearlessly making physical contact with those in need. Peter and John extended their hands to the crippled beggar outside the temple gate to heal him (Acts 3:7). And, reminiscent of Jesus' own practice, Peter took the hand of a dead woman, Dorcas, as he raised her to life (Acts 9:41).

In summation, the nature of God has been expressed throughout the Bible. He demonstrated his faithfulness to include all of humankind from the poorest of the poor to those who were afflicted and in despair. God's nature also insured us that he was a God that was and is consistent in demonstrating His Love unconditionally to those who were considered either the in-crowd or the outcast. The nature of God also has shown us that His Judgments are without prejudice and that in reaching all of humankind, no matter the condition of their lives, He was and still is willing to touch them with compassion. One might wonder what life would be like without the inclusiveness, consistency, judgment and touch of God. This perspective is of God who is compassionate toward all of those who are oppressed. The church must now become a living expression of God's nature based on what we believe about our theology and our God. Unquestionably, we are accountable to God for what we do with what God has given us. We must neither condemn nor condone

⁵² Ibid., 76

for both attitudes are deadly. What we must seek to do is live out the creative nature of God, by being inclusive, consistent, non-judgmental and not fearing to touch with the same compassion and love.

Biblical

Within the church, HIV/AIDS may raise anguished questions such as “why does God allow the HIV virus to exist”? Or “ what is God doing about the epidemic?” Or what beliefs about God and human beings should inspire the churches’ action in response to HIV/AIDS? In linking the medical and social context of the disease and its effect with belief in God, we must have an understanding of God’s nature, God’s love and God’s compassion for his creation.

The overall theme throughout the entire Bible is one of redemption, God’s extended love for mankind. It is recorded that God did in fact create man after his own image and likeness (Genesis 1:2 and Genesis 2:7). It is God’s character to constantly look back at his own creation; he looked with love and compassion at the creature called man (Genesis 3:8,9). When they were naked, God proceeded to provide clothing (Genesis 3:21), clothing the naked, feeding the hungry, educating the ignorant and liberating those in bondage are all things which the God of love directs.

In Eden, God went on a rescue mission himself (Genesis 3:8,9) and then he sent those created in his image on that mission. He sent Moses to save the Israelites from Egyptian slavery (Exodus 3:7-14). He sent Nehemiah to save the people by repairing the wall that was to protect them.

It is God’s nature, his very character to love. “God is Love” (I John 4:8) God so loved the world that he gave his only begotten son, the greatest rescue mission ever,

“redemption” (John 3:16). God’s son set up the church; the mission of the church is his mission of Love and Redemption. This is the only program God left for the church to carry out.

God did not call angels to preach to people, but he called man in the flesh to reach the lost, those hurting, those hopeless and those in need of an everlasting relationship with him. It is not surprising that from time to time evil has shown up and when evil shows up suffering and pain becomes a part of the process.

“All have sinned” (Roman 3:23) no one can escape this situation, but a recognition of our common sinfulness may not only prevent feelings of personal superiority, but also lead to mature forgiveness, which is characteristic of God’s love. A God who forgives in this way excludes no one from the love of God. And if God’s love has to be earned by what a man or a woman did or didn’t do, no one would be worthy.

The church has been given the duty to extend God’s love and with our understanding of God’s love, it is possible to reject relationship with God and act as if one did not exist. The church is God’s agent to express the love, the redemptive nature of God and his compassion. The church has always responded with love, for many people at various times through out our history.

Crossing the Barriers Through Compassion

It noted that three major barriers hinder ministry in the midst of the AIDS epidemic: its perception as a “sinner’s disease,” its link to human sexuality and its terminal nature. As Christians, however, we are called to overcome these barriers. Windell Hoffman and Stanley J. Grenz; in the book, *AIDS, Ministry in the Midst of an Epidemic*, state that “a foundation is needed for clarification of the three hinder in the midst of

AIDS.” They further state that by developing a theological understanding of the causes of sickness and by attempting to describe what the voice of God may be saying through the AIDS crisis is needed to cross the barriers presented.⁵³

If ministry in the midst of the AIDS epidemic is to be successful, the barriers must not only ultimately be overcome, they must first be crossed. Since this action requires a compelling motivation, we now turn our attention to the development of a theological basis for such a ministry. The goal of this discussion is to encourage the people of God to cross the barriers for the sake of person in need.

Christians can minister in the midst of the AIDS epidemic. For this to happen, however, we must sense a strong central motivation for such a ministry. At this important juncture, the Bible speaks clearly and thereby provides such a motivation, one that is actually many-sided. Hoffman focuses on one compelling motivation for action in the midst of the AIDS crisis: compassion. Our ministerial response to this epidemic arises in part as we are gripped by godly compassion for persons in need.⁵⁴

Hoffman further states that “Compassion is crucial for genuine ministry, although this emotion is not readily present or easily developed in contemporary society. In fact, total compassion is beyond the ability of humans to produce. True compassion is a divine trait and is present in the world only as the fruit of the Holy Spirit in the lives of believers. If compassion is to be present, we must open ourselves to the working of the Spirit. A

⁵³ Windell W. Hoffman and Stanley J. Grenz, *AIDS, Ministry in the midst of an Epidemic* (Grand Rapids, MI: Baker Book House, 1990), 177-183.

⁵⁴ *Ibid.*, 177.

first step toward the fulfillment of this challenge is taken when we come to understand more fully the divine compassion we are called to emulate.”⁵⁵

The obvious beginning place lies in the meaning of the concept itself. Compassion means literally “to suffer with.” This forms the background to a standard dictionary definition: “a sympathetic emotion created by the misfortunes of another, accompanied by a desire to help.”⁵⁶

Compassion for others in the face of their misfortunes does not arise in a vacuum, however, its source lies in a more foundational emotion-love-that is, *agape*, whereby persons give of themselves unconditionally for the sake of others. Such love is seldom experienced in our world. On the contrary, a perfect example of this emotion can be found only in the compassionate love shown to us by God. It is for this reason that Christians look to divine revelation, especially the revelation of God in Jesus Christ. There they discover the loving nature of God. As we come to view the perfect love of God, the Holy Spirit is able to create in us the kind of compassionate love needed for ministry in the midst of crises such as the AIDS epidemic. The biblical revelation of the divine heart, its incarnation in Jesus, and our response to it will occupy our attention in the following pages.

⁵⁵ Ibid.

⁵⁶ Ibid., 178.

The Compassionate God⁵⁷

According to the Wendell W. Hoffman and Stanley J. Grenz, in their work, *AIDS: Ministry in The Midst of An Epidemic*, a persistent theme in the Bible is the presentation of God as the Compassionate One. This theme is developed in several related ways.

1. God's Compassionate response to creation is an outworking of the divine love.

The Bible indicates that God's Compassion, just like human compassion, is a secondary attribute, dependent on this more fundamental divine characteristic. This viewpoint requires further elaboration.

According to Christian theology, love is the foundational moral attribute of God. Love is visible in a primary way within the Godhead, for God is the Triune One, the community of Father, Son, and Spirit. These three Trinitarian persons constitute one God, in that they are bound together by the cord of divine love. John, the apostle of love, characterizes God in this way. In his first epistle, John makes a simple, yet profound declaration: "God is love . . ." (I John 4:16). This seemingly obvious statement is filled with meaning. It offers the bold declaration that the eternal God is characterized by love.

Throughout all eternity, the triune God is characterized by love, in that the Father, Son, and Spirit constitute one God, a community of love. For this reason, it is not surprising that the fundamental character of God-love shines toward creation as well. Love, which describes God's own essence, also characterizes God's relationship to creation. Because God is love, God loves the world. Again John describe this love us: "For God so loved the world that he gave his one and only Son..." (John 3:16). God relates to the world out of the abundance of his own character, which is love.

⁵⁷ Ibid., 177-183.

This theme is not unique to the New Testament understanding of God. In the Old Testament, the people of God already expressed the foundational relationship of God to the world in terms of God's compassion, compassion related to the divine love. In fact, God as the Compassionate One is a foundational theological theme of the Old Testament. This is reflected in a theological formulation that stood at the center of the faith of the Hebrew community. The Book of Exodus even describes this assertion as having its source in a divine self-affirmation. In the account of God's appearance to Moses on Mount Sinai, after revealing the divine name, Yahweh declares "the compassionate and gracious God, slow to anger, abounding in love and faithfulness" (Exod. 34:6).

This formulation—God as abounding in love and filled with compassion—is found repeatedly throughout the Old Testament, forming as it were a central faith affirmation concerning the divine nature (e.g., Neh. 9:17; Ps. 86:15; 103:8; 111:4; 116:5; 145:8; Isa. 54:10; Joel 2:13; Jon. 4:2). Writing in the *International Standard Bible Encyclopedia*, Williston Walker reaches a conclusion related to his observation: "Nothing therefore is more prominent in the Old Testament than the ascription of compassion, pity, mercy, etc., to God. The people may be said to have gloried in it."⁵⁸

2. *Because of the divine love, the plight of God creatures evokes compassion from God.* Not only does the Old Testament declare God to be the Compassionate One, it also links this compassion to the human predicament. This understanding is bound up with the Hebrew word employed to speak of compassion: *racham*. Robert Girdlestone declares that this term "expresses a deep and tender feeling of compassion such as is aroused by the sight of weakness or suffering in those that are dear to us or need our help." *Racham*,

⁵⁸ Williston Walker, "Compassion," in *The International Standard Bible Encyclopedia*, 1st ed. (Grand Rapids, MI: Levman, 1915), 695.

or “compassion,” aptly portrays the response that arises when the divine love views the struggles of God’s people.

3. *God’s Covenant people are the special object of this compassion.* In keeping with the above understanding, the Old Testament asserts that God longs to have compassion on his people (Isa. 30:18). Jeremiah, for example, describes God as desiring to have compassion on Ephraim, “my dear son” (Jer. 31:20). In this way, God’s covenant love for his people and God’s fidelity to that covenant form a crucial foundation for the divine compassion.

This observation leads Elizabeth Achtemeier, writing in the *Interpreter’s Dictionary of the Bible*, to define God’s mercy (which in the Old Testament is synonymous with compassion) as “a loving act of Yahweh by which he faithfully maintains his covenant relationship with his chosen people.” In Achtemeier’s opinion, the covenant relationship is foundational to God’s compassion. It even overshadows the meaning that arises from the original derivation of the Hebrew term *racham*: the idea of family relationships. The stem from which the Hebrew term is derived means “womb,” she notes. Following this development, compassion would be seen as referring to “the feeling of those born from the same womb” or “the love of a mother for her child.” Achtemeier, however, finds this etymological meaning supplanted by an understanding of compassion as God’s covenant faithfulness.

4. *God’s concern moves beyond Israel to encompass all creatures.* Although in the Old Testament, God’s compassion is especially directed toward the covenant people, the Bible clearly indicates a wider outreach. The Psalmist, for example, declares, “The LORD is good to all; he has compassion on all he had made” (Ps. 145:9). This theme is reiterated in the New Testament. It is found in Jesus’ teaching, especially in the Sermon on

the Mount. Paul employs the same theme in speaking of God's intent to save all sinful humanity (Rom. 11:32).

5. Divine Compassion is evoked especially in the face of the distress and suffering of God's people. Isaiah articulates this well: "Shout for joy, O heavens; rejoice, O earth; burst into song, O mountains! For the LORD comforts his people and will have compassion on his afflicted one" (Isa. 49:13). Elsewhere Isaiah reflects on Israel's history and declares, "In all their distress he too was distressed, and the angel of this presence saved them. In his love and mercy he redeemed them, he lifted them up and carried them all the days of old" (Isa. 63:9). Similar considerations cause Hosea to conclude concerning God, ". . . in you the fatherless find compassion" (Hos. 14:3). The foundational moral attribute of God, love, evokes the emotion of compassion in the face of the plight of God's creatures.

6. This divine compassion or mercy arises from God's grace, not from human merit. The Scriptures firmly declare that God's compassion is the product of his sovereign mercy (Exod. 33:19; Rom. 9:15-16, 18). For this reason, the divine grace toward humans can be present in spite of human rebellion. Daniel, for example, boldly declares this truth: "The Lord our God is merciful and forgiving, even though we have rebelled against him" (Dan. 9:9).

Perhaps the most moving illustration of God's love for humans, despite their rebellion, is found in the parable of the prodigal son. While the son "was still a long way off," the father saw him" and was "filled with compassion for him" (Luke 15:20). Here Jesus gives us a picture of God's compassion toward wayward creatures, even when they have been in rebellion against their Creator and Father.

This sovereign, gracious compassion of God forms the basis for Daniel's bold assertion that God answers the request of God's people not because of their righteousness, but because of God's great mercy (Dan. 9:18). The same understanding lies behind the repeated plea in the Book of Psalms for God to remember the covenant and to act compassionately toward his people in the midst of their trials (Ps. 25:6; 40:11; 51:1; 69:16; 77:9ff.; 79:8; 119:77).

The belief in a gracious, compassionate God likewise forms the foundation for the repeated hope expressed by the prophets, that at some future day God would again be compassionate on the people of Israel (e.g., Isas. 14:1; 54:7; Jer. 12:15; 30:18; 33:26; 42:12; Ezek. 39:25; Hos. 1:7; 2:23; Joel 2:18; Mic. 7:19; Zech. 1:16; Mal. 3:17). Isaiah stands as an example of the prophetic movement as a whole in anticipating a day when God's compassion would be experienced as an expression of his everlasting kindness: "In a surge of anger I hid my face from you from a moment, but with everlasting kindness I will have compassion on you," says the LORD your Redeemer" (Isa. 54:8).

7. Although divine compassion is the result of God's grace and not human merit, the Bible declares that the reception of his compassion is connected to a proper human response to God. Holy living, for example, evokes the compassion of God (Deut. 13:17). God's compassion comes likewise as the response to human repentance and the forsaking of evil way (Deut. 30:16-18; Prov. 28:13; Isa. 55:7). The fear of God also brings divine compassion (Ps. 103:13; Luke 1:50 [Mary's Song]). On the other hand, continued involvement in disobedience and sin hinders the reception of God's compassion. Ezekiel declares that God responds not in compassion but in judgment in such situations (Ezek. 5:11; 7:4, 9: 8:18).

8. *Divine compassion leads to divine action.* The Old Testament repeatedly appeals to the history of Israel as an illustration of this principle. Isaiah, for example, desires to proclaim the deeds that the compassionate God has done (Isa. 63:7). Reflecting on Israel's experiences in the exodus and in the wilderness wandering, the psalmist asserts that out of compassion God atoned for the iniquities of the people and did not destroy them (Ps. 78:38).

In the post-exilic era, reflection on Israel's history became especially important. On the basis of this history as a whole, the Book of Nehemiah declares that God did not abandon his people (Neh. 9:7-31). And the author of 2 Chronicles summarizes Israel's story as the repeated reception of divine compassion: "The LORD, the God of their fathers sent word to them through his messengers again and again, because he had pity on his people and on his dwelling place" (2 Chron. 36:15).

For Israel, the foundational divine action on their behalf stood at the beginning of their history in the Exodus. Williston Walker describes the relationship between divine compassion and this event. Compassion, he writes, "lay at the foundation of Israel's faith in Jehovah, for it was out of his compassion that he by a marvelous act of power delivered them from Egyptian bondage and called them to be his own people."

God's activity in the history of Israel was not merely viewed as belonging to a dead past, however. It remained as a living presence and held out the promise of a future renewal. This anticipation forms the context for the understanding reflected in the New Testament. As the New Testament era began, God's past expression of compassion called forth a heightened anticipation of renewed divine action arising out of the divine compassion. This is evident in Zechariah's hymn at the birth of John. For Zechariah,

John's arrival entailed an act of God, who in this event demonstrated "mercy to our fathers" and was now remembering the covenant with Israel (Luke 1:72).

According to the New Testament, however, the supreme action that arose out of the divine compassion is the salvation available in Jesus Christ. That this event is the expression of God's mercy is reiterated throughout its pages. A specially beautiful declaration of this truth is found in the Book of Ephesians: "But because of his great love for us, God, who is rich in mercy, made us alive with Christ even when we were dead in transgressions-it is by grace you have been saved" (Eph. 2:4-5). The same theme is reiterated in Titus: God "saved us, not because of righteous things we had done, but because of his mercy . . ." (Titus 3:5a). In similar way, Peter declares that "in his great mercy" God has given Christians "new birth into a living hope . . ." (I Peter 1:3).

9. The goal of God's Compassion is that God be praised. A far-reaching awareness of this idea is important for the biblical understanding of the compassion of God. This theme is summarized by Paul, who, in writing to a church consisting of both Jews and Gentile, declared: "For I tell you that Christ has become a servant of the Jews on behalf of God's truth, to confirm the promises made to the patriarchs so that the Gentiles may glorify God for his mercy, as it is written: 'Therefore I will praise you among the Gentiles; I will sing hymns to your name.' Again it says, 'Rejoice O Gentiles, with his people' (Rom. 15:8-10).

The goal of God's loving compassion, which leads to divine action on behalf of God's creatures in the midst of their plight, is that all the people of the world may together offer praise to the glory of the God who has saved them.

Jesus—the Compassionate One⁵⁹

The compassion of God is a theme of the Bible as a whole, but the New Testament takes this point a step further. It declares that God's loving compassion finds concrete manifestation in Jesus of Nazareth. For Christians, following the New Testament, Jesus stands as the grand example of godly living, in that our allegiance is to him, and we are his disciples, his followers. This means that Jesus is also our model of compassion. Because of Jesus' status as the incarnation of divine love and the example to the believing community, the compassion necessary for crossing the barriers and ministering in the midst of the AIDS epidemic can be learned only at the feet of Jesus. At least five themes concerning Jesus' compassion are found in the New Testament.

1. *Expressing compassionate love lay at the heart of Jesus' understanding of his mission.* The Lord's outlook is revealed, for example, in his response to the request of James and John for the positions of honor in the coming kingdom. The incident indicated a fundamental misunderstanding concerning the nature of prominence in the minds of the disciples. Jesus, linking himself to the eschatological figure of the Son of Man, declares in response: "[For even] the Son of Man did not come to be served, but to serve, and to give his life as a ransom for many" (Matt. 20:28; cf. Mark 10:45). His mission was one of compassionate service to others, arising from a self-giving attitude, that is: love. John's Gospel explains Jesus' mission not in terms of judgment and condemnation, but in terms of salvation: "For God did not send his Son into the world to condemn the world, but to save the world through him" (John 3:17). Using the imagery of "the good shepherd," the

⁵⁹ Windell W. Hoffman and Stanley J. Grenz, *AIDS, Ministry in the midst of an Epidemic* (Grand Rapids, MI: Baker Book House, 1990), 183–188.

Johannine Christ reiterates the point made in the Synoptic, declaring that he came to give life in its fullness, even to the point of sacrificing his own life for the sake of others (John 10:10-11).

In the synagogue of Nazareth, Jesus appealed to Isaiah to explain to his audience the nature of his mission. His purpose included the practical goals of bringing freedom, healing, and release to people in distress (Luke 4:18-19). In short, Jesus understood and defined his own mission in terms of expressing the compassionate love of God.

2. Jesus sensed compassion in the face of ignorance, hunger, sickness, and death.

The Gospels report that on at least two occasions the compassion of Jesus was evoked by the sorrow others experiencing at the loss of loved ones. When he saw a woman weeping over the death of her son, Jesus' "heart went out to her," and he comforted her (Luke 7:13). At the tomb of Jesus' friend Lazarus, John reports, the master "wept" (John 11:35). Those observing the Lord could not help but exclaim, "See how he loved him!" (v. 36).

Jesus was gripped by compassion when he saw the aimlessness of the common people as "sheep without a shepherd" (Matt. 9:36; Mark 6:34). The heart of the Master was also moved when he saw the sick among the multitudes (Matt. 14:14). This compassion was kindled by the plight of specific individuals, such as the two blind men whom Jesus confronted outside the city of Jericho (Matt. 20:34). A similar response was evoked by the crowds who grew hungry as they intently listened to his teaching (Matt. 15:32; Mark 8:2).

3. Jesus' compassion expressed itself in ministry. As he saw the need of people around him, needs that sparked his emotion, Jesus did not stand aside. On the contrary, he engaged in action to alleviate the misery of the people and minister to their needs. To those who had lost loved ones, Jesus responded by raising the dead (John 11:1-44; Luke

7:1-15). To people lacking guidance, Jesus offered instruction and teaching (Mark 6:34). In response to the sick, Jesus healed their diseases (Matt. 4:23; 9:35; 14:14; 19:2).

4. Jesus' compassion was all encompassing. It extended beyond the circle of his friends to include the multitudes. It included his enemies and those who rejected him. Even when his arrest and death were imminent, Jesus' heart still went out to others. Anticipating the final rejection he would experience by the nation he loved, Jesus wept over the city of Jerusalem (Matt. 23:37). Then, during his arrest, Jesus offered his healing touch to the soldier whose ear had been injured in the scuffle (Luke 22:51). In his hour of death, his thoughts were directed toward the needs of those who rejected him. Jesus prayed that the forgiving mercy of his Father be extended even to the soldiers who were crucifying him: "Father, forgive them, for they do not know what they are doing" (Luke 23:34).

Jesus' actions stand as apt illustrations of his teaching. He declared that compassion is to be given to all without exception, even to enemies. In the Sermon on the Mount, for example, he appeals to the universal merciful goodness of God as a basis for enjoining a similar compassion in the lives of his disciples: "You have heard that it was said, 'Love your neighbor and hate your enemy.' But I tell you: Love your enemies and pray for those who persecute you, that you may be sons of your Father in heaven. He causes his sun to rise on the evil and the good, and sends rain on the righteous and the unrighteous" (Matt. 5:43-45; cf. The parable of the Good Samaritan, Luke 10:30-37). Jesus' life comprises a vivid illustration of this principle.

5. The loving compassion of Christ is not merely that of an exemplary man; it reveals the heart of God. Foundational to the understanding of Jesus' person that developed in the early church is the acceptance of Jesus' life as the revelation of God. The New Testament clearly presents Jesus as God incarnate in human form. At the heart of this

understanding of the incarnation is Jesus' life as the Compassionate One. Paul, for example, summarizes the incarnation in terms of Jesus' self-sacrifice on behalf of miserable human beings: "For you know the grace of our Lord Jesus Christ, that though he was rich, yet for your sake he became poor, so that you through his poverty might become rich" (2 Cor. 8:9).

Reflecting on the earthly life of Jesus, who is now the exalted Lord at the right hand of God the Father, the author of Hebrews offers a practical Christological implication of that exemplary life: "For we do not have a high priest who is unable to sympathize with our weaknesses, but we have one who has been tempted in every way, just as we are-yet was without sin" (Heb. 4:15). Even now in his exalted state, our Lord remains the Compassionate One who sympathizes with us in our trials.

According to the New Testament, Jesus stands as a vivid example of the meaning of compassion. He is the revelation of the compassionate, loving heart of God. In him, we find the God who responds with loving compassion to the plight of God's creatures.

Compassion and the People of God

Compassion and the People of God⁶⁰

According to the Bible, the compassionate nature of God is revealed in God's actions in history, climaxing in the coming of Jesus Christ. This central attribute of the divine nature places a great responsibility on Christ's church. As God's people we, are to be emulators of the compassionate Lord. His example calls us to be the compassionate ones and thereby to reflect the divine character.

⁶⁰ Windell W. Hoffman and Stanley J. Grenz, *AIDS, Ministry in the midst of an Epidemic* (Grand Rapids, MI: Baker Book House, 1990), 188-191.

This understanding is so well ingrained throughout the Bible that compassion is without question a central aspect of biblical piety. Job's rhetorical question, "Have I not wept for those in trouble? Has not my soul grieved for the poor?" (Job 30:25), indicates that this kind of compassion was simply assumed to be characteristic of every member of the Old Testament covenant community. The New Testament reaffirms the same outlook. For example, James declares, "Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress, and to keep oneself from being polluted by the world" (James 1:27). Not only personal holiness, i.e., freedom from sin, but being compassionate toward others both in attitude and in action lies at the center of what is assumed to be normal religion.

In keeping with this, the New Testament Epistles repeatedly admonish the Christian community to be compassionate. Colossians, for example, declares, ". . . clothe yourselves with compassion . . ." (Col. 3:12). Likewise, Peter commands his readers to be compassionate and sympathetic (1 Peter 3:8). Paul forges the link between compassion and the example of Christ. To the Galatians he writes, "Carry each other's burdens, and in this way you will fulfill the law of Christ" (Gal. 6:2). Burden lifting and sharing the load of others are important aspects by which believers follow the example of the Lord. And Hebrews offers some specific ways in which the Christian community can live out the compassion that is to characterize it: "Remember those in prison as if you were their fellow prisoners, and those who are mistreated as if you yourselves were suffering" (Heb. 13:3). Christians are to be characterized by compassion. They are to display true sympathy for those in distress, even to the point of sharing in that distress.

Perhaps the grandest illustration and admonition to the disciples of the Lord to be a compassionate people, however, is found in Jesus' parable of the Good Samaritan. In

narrating the story, Jesus clearly sought to emphasize that it was this outcast individual, not those who stood in traditional positions of leadership within the Jewish community, who was compassionate to the man in need. The Samaritan saw the battered man lying along the road and “took pity on him,” Jesus declares. It is interesting to note that the same verb the Gospel writers employed to speak of Jesus’ outlook toward the needy is utilized here to describe the Samaritan. The emotion of compassion, so characteristic of the Master, was translated into action by this man as he bandaged his wounds, took the injured person to an inn, and offered to pay the innkeeper to look after the needs of the battered traveler.

After delivering the parable, Jesus then asked the crucial question of the expert in the law to whom he was speaking: “Which of these three do you think was a neighbor to the man [in need]?” (Luke 10:36). The response of his listener was significant: “The one who had mercy on him,” and it evoked Jesus’ command: “Go and do likewise” (v. 37) By means of this vivid parable, Jesus followers are commanded by the Lord to have compassion for, and show mercy to, those who are suffering or are in distress.

The compassion of God revealed throughout the Bible and incarnate in Christ leads to the obvious conclusion: As Christians, we are called to be a compassionate people. As imitators of God, we are to respond to persons in distress with action motivated by compassion. As disciples of the Lord, we are to follow his example by reaching out to the untouchables of our society. Among the ranks of modern-day “lepers” we must place persons with AIDS. Like their first-century counterparts, they too, are often placed on the fringes of society and shunned as “unclean,” as contagious, unloved, and unwanted. The compassionate God, however, challenges us to action. Just as the divine heart longs to acts on behalf of all sufferers, God is moved by AIDS patients. We,

therefore, ought also to be moved by their plight. The Lord, who offered his healing touch to so many, challenges us to be his fingers and hands in reaching out in compassionate touch to those around us who are suffering, including persons struggling with AIDS.

Yet, godly compassion goes beyond what is humanly possible. As has been noted previously, this kind of compassion can be present only as it arises from love. But love in its full biblical sense must be created in us by the Holy Spirit. As Paul declares, love belongs to the fruit of the spirit (Gal. 5:22). Our task must therefore begin with a prayerful and conscious attempt to be sensitive to the presence, working, and filling of the Spirit in our lives and in our churches.

As Christians, we are compelled by the divine compassion to minister to those in need, including persons struggling with AIDS. Such ministry, however, is possible only as we are filled with the Holy Spirit and thereby are flooded with the divine love, the love that responds to the needs of all suffering persons with compassionate action.

Godly compassion is central to ministry. It provides the impetus to reach out to others. It provides the impetus to reach out to others. It gives tenacity when the life of ministry is difficult. Without compassion, ministry is reduced to a heartless veneer, often of greater comfort to the one who ministers than to the sufferers in need of care.⁶¹ God is ever concerned and compassionate about the welfare of his people. He is in the midst of this disturbing disease, for example in II Kings, Chapter 7 we see God providing food for four lepers, who only thing left to do was sit and die. But these men made a conscious decision to get up and help themselves. "Why sit here until we die?" They went in faith to the camp of Syria; God had distracted the Syrians to leave the camp, so that when the

⁶¹ Ibid., 175-191.

lepers arrived, there was no one there but they had access to all the food, horses, tents and other live stocks.

The Bible consistently affirms that God cares for every one, without regard for physical or spiritual conditions, or standing in society. Without God's compassion for us all, we would suffer greatly. God deals with those affected with AIDS as well as he deals with those who are not personally affected. He does it through human instrumentality, which should be the Christian church.

Parish-Based Care⁶²

The care of sick and suffering people is a duty of God's people. Although the institution of the church may sponsor or operate facilities and conduct programs through which care is provided, the actual ministry, in whatever form it takes, is performed by individuals. Church-related hospitals, nursing homes, hospices, and residences are laudable activities. However, these operations do not satisfy the obligation of individual Christians to address the needs of people coping with illness and the impact of death. Congregants routinely express concern and provide care for fellow congregants in crisis. The provision of similar ministries to persons outside congregational membership is less common, except through the caring institutions founded and operated by parishes and denominations. Yet in the case of HIV/AIDS, the opportunities for ministry are greater outside the confines of these church-sponsored institutions because efforts are made to maintain AIDS patients in their homes as much as possible. Hospitalization, though frequent in some cases, tends to be short-term. It is difficult to create and sustain relationships when contact is restricted to

⁶² Earl E. Shelp and Ronald H. Sunderland, *AIDS and the Church; The Second Decade* (Louisville, KY: Westminster/John Knox Press, 1992), 139-140.

periods of institutional care. These opportunities for ministry ought not be overlooked.

But with a chronic degenerative disease like AIDS, the need of the people afflicted persists and tends to increase between times in the hospital. Therefore, the prospect for enduring effective ministries increases if these ministries are parish-based rather than hospital-based.

As noted, ministering in a comprehensive manner to people with HIV/AIDS may require a large investment of time and energy. In addition, the needs of affected individuals can be so numerous and demanding that a single person and his or her loved ones may require the ministries of many people. This situation seems to be best addressed by ministry teams formed within single parishes. A team approach can draw upon the diverse expertise within a parish, provide for efficient coordination of activities, enhance communication within the team and with the person with AIDS, make possible a division of labor, and facilitate mutual care for the team members. Matching a parish-based team with a person with AIDS also encourages enduring contact and bonding between team members and the person and between the parish and the person. The results this approach wants to achieve are relationships of deeper quality, mutual commitments of greater intensity, and deeper trust and concern. This sort of team ministry may make it possible for a person with AIDS and loved ones to establish rapport with one or more team members. In a sense, the team becomes a surrogate and extended family to the person receiving care. Further, the affected individuals may develop a sense of belonging to a particular family of faith, frequently resulting in a congregation's becoming a surrogate "home church" for loved ones who have come a long distance to remain with a person during his or her illness. This seems most likely when the ministry team and affected people are the same denomination. Lastly, a team ministry is advisable, because realistically only a limited number of people in a parish will feel led to participate in AIDS

ministries. Each will possess certain gifts that deserve to be used efficiently and effectively. A team approach should allow for a continuing and coordinated ministry. Thus, a self-contained unit consisting of people with a common identity, mission, and parish base offers the best likelihood for a successful ministry.

The issues are spiritual in that everyone touched by the disease, whether as patient, loved one, friend, caregiver, tends to ponder questions of life and death that transcend purely physical or emotional reactions. Issues of both meaning and longing become coupled with deep human needs for acceptance, forgiveness, hope, reconciliation, and unconditional love. These needs may be addressed in the context-organized religion or the essentially spiritual care offered by family and friends, hospice volunteers, crisis counselors, or low-key religious professionals. Distressing human emotions such as guilt, anger, and fear frequently also have spiritual dimensions.

Religious groups or individuals moved to offer pastoral care to the sick, the dying, or the bereaved or to those who care for them often have questions such as what form should such care take, by whom is it best given, and what values and attitudes is it provided or inflicted. While some religious groups, pastors, and chaplains have clearly been motivated by a vision of nonjudgmental service, others have been decidedly judgmental, even condemnatory. Still others have refrained from offering any caring support out of a conviction that the sufferers of the disease are somehow "getting what they deserve."

The underlying philosophy of the pastoral care, apart from specific AIDS-related issues, is likely to influence the way it is given by pastor or chaplain. Some, whose training was modeled on essentially psychoanalytic principles, focus on "being" rather than "doing," and tend to emphasize attentive listening and the exploration of feelings. Others,

more deacon-like and service-oriented, may play a more forthright role in meeting patients' practical needs or acting as advocate for them in the health-care system. The two approaches are not mutually exclusive. They can reinforce each other when the pastor is able to achieve a genuine, compassionate presence with patients and their loved ones, including insightful listening and appropriate physical touching. Unnecessary protective clothing, such as masks, gowns, and gloves, detract from the quality of pastoral exchange. This must be demonstrated by the love of God.

There can be no question that the nature of the initial risk groups for AIDS, homosexual and bisexual men and intravenous (IV)-drug abusers, heavily colored the religious community's response. The Judaeo-Christian tradition has generally deplored homosexual behavior, and in recent decades, both the cause of gay civil rights and the issue of ordaining homosexuals has sparked heated debate and division within the liberal religious community and outrage in the conservative branches. AIDS among IV-drug abusers did not immediately alter the character of the faith community's response. In part, this was because the community tended to equate drug abuse with moral weakness rather than see it as a symptom of deeply rooted social ills that afflict the psychological, economic, and spiritual lives of many people, particularly the urban poor minorities. Only when confronted with so-called innocent victims (hemophiliacs, transfusion recipients, and infants), AIDS patients who could in no way be held culpable for exposure to the disease, did theological conservatives concede a significant uncertainty about a close link between traditional moral values and sickness or health. Still, even in mid-1986, many TV and radio evangelists and clergy of various religious groupings continued to suggest, or even proclaim, that AIDS was a punishment from God for the "sins of homosexuals and drug abusers."

More positively, recognizing the disproportionate impact of AIDS on minorities, the Council of Churches of the City of New York, under the leadership of the Rev. Dr. Robert Polk and Ms. Suki Ports, initiated a Minority AIDS Task Force in late 1985, and parallel efforts are under way in other cities. Also, a general awareness is growing that particular risk groups require specialized care, attention, and advocacy. For example, women of childbearing age at risk for AIDS especially need counseling about the danger to as yet unborn or unconceived children.

Some religious groups have taken position that, though they cannot and must not condone behavior their tradition considers immoral, they are bound by a strong scriptural mandate to carry out works of mercy for the sick, the suffering, and the dying. Sometimes it is not clear whether they perform such work for the sake of caring, as an exercise in pity, or for self-satisfaction.⁶³

The Christian church has a divine obligation to minister to the needs of the people, especially those affected by the Aids crisis. The church must have the love spirit of the Lord to minister to those who are infected in the AIDS virus, to those who are HIV positive, to families who are directly affected by the virus and to the unlovable community in which they live. ⁶⁴

The question still comes up over and over "who did sin"; the church must inform or educate the communities that sexual contact is not the only way HIV virus is contracted. Sometimes innocent infants are born with it, contaminated blood transfusion; medics handling patients or patients being handled by medics sometimes become infected

⁶³ Victor Gong and Norman Rudnick, eds., *AIDS Facts and Issues* (Piscataway, NJ: Rutgers University Press, 1987), 278-280.

⁶⁴Ibid., 278.

with the virus. Gong and Rudnick state, “No one knows if you’re living with an unfaithful spouse; which means one or the other can become an innocent victim. We all sit at the mercy of vulnerability criticizing the source of this disease.”⁶⁵

Gong and Rudnick further assert that, “The church must show love, as Jesus never evaded the lepers. Luke 5:12-13 reveals; ‘and it came to pass when he was in a certain city, behold a man fully leprosy: who seeing Jesus follow his face and besought him saying ‘Lord if thou wilt, thou canst make me clean.’ And he put forth his hands and touched him saying, ‘I will be thou clean,’ and immediately leprosy departed him.’ Jesus has not changed his program of love and compassion it is still the same. ‘Jesus Christ the same yesterday and today, and forever (Hebrews 13:8).’”⁶⁶

Jesus came into the world to be its savior not its judge. Jesus said “who ever believe in me believes not only in me but also in him who sent me. Who ever sees me sees also him who sent me. His father says I cam not to judge the world, but to save it. (John 12:44-50).

Philip Yancey in his book *The Jesus I Never Knew* says the miracle of changing water into wine, a one-time event occurred out of the spotlight in an obscure town whose location archaeologists cannot even agree on.

Before long, though Jesus was exercising miraculous powers in broad day light before enthusiastic crowds, as is true today, the miracles of physical healing captured the most attention and John 9 tells of one such miracle in Jerusalem the capital city and heart

⁶⁵ Ibid., 279.

⁶⁶ Ibid., 279

of opposition to Jesus. John devotes an entire chapter to the story, sketching a classical portrayal of what happened when Jesus disturbed the accepted order.

The Story starts where many sick people start with the question of cause, why me? What is God trying to tell me? In Jesus' day people assumed that tragedy hit people who deserved it.⁶⁷ Yancey further says "There is no death without sin, and there is no suffering without iniquity" taught the Pharisees, who saw the hand of punishment in natural disaster, birth defects and such long term conditions as blindness and paralysis. Here is where "the man blind from birth" entered the picture. Steeped in good Jewish tradition, Jesus' disciples debated what could account for such a birth defect. Had the man some how sinned in utero? Or was he suffering the consequences of his parent's sin, a prospect easier to imagine but patent by unfair.⁶⁸

This is still the question that is wrestled with; does a person with HIV/AIDS deserve it? Who has sinned? While ignorance is still surrounding the spread of the AIDS virus, public health experts like Dr. David Satcher the Surgeon General complained that the epidemic has been greeted with deafening silence by civil rights groups and especially black ministers, who are an important force in African American society. "I grew up in the black church" Dr. Satcher said, "I think the church has problems with the life style of homosexuality," the truth of the matter is getting ministers to even talk about it in their pulpits.⁶⁹

⁶⁷ Philip Yancey, *The Jesus I Never Knew* (Grand Rapids, MI: Zondervan Publishing, 1995).

⁶⁸ Ibid.

⁶⁹ Sheryl Gay Stalberg, "Eyes Shut, Black America is being Ravaged by AIDS," *The New York Times*, 29 June 1998 Sec. A1, Col. 1.

Even though ignorance still exists and it is hard to believe that society on the whole feels that sin and judgment go hand and hand in the community of those infected by HIV/AIDS.

Philip Yancey states that Jesus responded by overturning common notions about how God views sick and disabled people. He denied that the man's blindness came from any sin, just as he dismissed the common opinion that tragedies happen to those who deserve them (Luke 13: 1-5). Jesus wanted the sick to know they are especially loved, not cursed by God. Every one of his miracles of healing, in fact, undercut the rabbinic tradition of "you deserve it."⁷⁰

So how does a world especially the church embrace those who are infected with HIV/AIDS. It is this writer's view that drastic measures must be taken to ensure those infected and affected with HIV/AIDS are given hope from the church. The church removes the stigma that "you deserve it." God is a God of love not condemnation, God is a God of mercy, not punishment, God is a God of grace, not judgment. He gives life and he does not take it away.

The disciples were looking backward, to find out "why?" Jesus redirected their attention forward, answering a different question: "to what end?" His answer: "Neither this man nor his parents sinned, but this happened so that the work of God might be displayed in life."⁷¹

Yancey says "what began as a tragic story of one man's blindness ends as a surreal tale of everyone else's blindness. The man's neighbors make him prove his identity, the

⁷⁰ Ibid., 170.

⁷¹ Ibid., 171.

Pharisee subject him to formal interrogations, and his own parents waffle under pressure.”⁷²

In the book, *The Wounded Healer*, Henri J. M. Nouwen asked the question and comments: “How can wounds become a source of healing? This question requires careful consideration for when we want to put our wounded sleeve in the service of others; we must consider the relationship between our professional and personal lives. He also states that no minister can keep his or her own experience of life hidden from those he or she wants to help.”⁷³ Love makes one reach beyond the boundaries.

According to Robert H. Liles, the church should go on the line for the betterment of society. The time has come for the church to repent of her racism, sexism, anti-Semitism and the homophobia that the church has fostered throughout time. AIDS is an inevitable issue facing and plaguing the church at this present time.

The church should and must involve itself in the HIV/AIDS ministry. This writer believes that the church has a vital role to play in the world's challenge to deal with AIDS crises. There are hundreds even thousands dying without the comforting, assuring and loving ministry of the church.

From this writer's point of view, one of the themes throughout the Bible is God's compassion. Newell J. Wert wrote that the key to understanding the nature of God's relationship to Israel is the word covenant. God initiates a relationship of promise in which God is absolutely faithful and attests to this by God's own gift. For the Hebrews, it was the gift of freedom from the slavery of Egypt. For those of us that are born again it is the

⁷² Ibid.

⁷³ No minister can offer services without a constant and vital acknowledgement of his or her own experience.

covenant initiated in the gift of God's son, Jesus Christ. Covenant is not a contract, it is not some mutual understanding that legally binds and out of which one can negotiate.⁷⁴

This God we know provides the best avenue for ministering to persons who have HIV/AIDS. The Bible definitely tells us that God is personally interested in the needs of the people, and God's care for us is expressed in Deuteronomy 4:7 as it was for Israel "what other nation is so great as to have their gods near them the way the Lord our God is near us whenever we pray to him."

The compassion of which I speak is demonstrated when Jesus fed the 5000 souls. The Bible says Mark 6:34 "and Jesus, when he came out, saw much people and was moved with compassion toward them, because they were as sheep not having shepherd and he began to teach them many things."

This compassion, of which the Bible speaks, is the same today as God is moved by compassion with those that are affected and infected with HIV/AIDS. The church being the only agent left on earth to meet the social, psychological, emotional and physical needs of the human race. Jesus Christ came to reconcile the lost, but his great love and compassion on those lost and affected by life's hardships was of utmost importance.

In his mission of love and hope, the blind received sight, the lame walked, the lepers were cured, the deaf received their hearing, the dead were raised and the gospel was preached to the poor (Luke 7:22). I believe God is holding each of us responsible to minister to the least in the community. We should be on a rescue mission.

Newell J. Wert says that; "The disease called our modern day leprosy 'AIDS' in today's world is lacking the attention of the priests, ministers, pastors and the people of

⁷⁴ Newell J. Wert, "The Biblical and Theological Basis for Risking Compassion for AIDS Patient," *Journal of Theology* (1989), 48.

God! Too much attention is given to the social aspects of aids rather than treatment and support. If the church, i.e. pastor, layman and women, had attacked the social issue that gave rise to AIDS immediately, we might have been in better condition to deal with the problem now. The Bible gives the impression that perhaps leprosy and aids have sprung forth through behavior pattern that's offensive to God, disobedience and as a result innocent people also become victims."⁷⁵

By no means am I saying that the AIDS crisis is God's punishment. However, there are biblical examples of such. Mariam was struck with leprosy when she spoke against Moses because he had taken a African woman as his wife (Number 12) Gehazi, the servant of Elisha, led to Naaman, telling him that Elisha had asked for a talent of silver and two changes of garments for two prophets that had come to Elisha from Mt. Ephraim. Elisha became angry with Gehazi for lying and told him that the leprosy that Naaman had been healed of would come upon him (II Kings 5:15-27). Another example, Uzziah the king was disobedient to God by burning incense upon the altar and the Lord had smitten him with leprosy of which he remained so until the day of his death. Leprosy and AIDS appear to reflect disobedience of God, and as a result the innocent must suffer as well.

This writer's position is that people infected with Aids/HIV are not examples of specific divine judgment from God. HIV does not affect just homosexuals, HIV has infected all segments of society regardless of sexual orientation. The World Health Organization (WHO) has been gathering statistics on AIDS for some time. Their figures show that worldwide, AIDS has been responsible for roughly equal numbers of male and female deaths. The AIDS disease affects more heterosexuals than homosexuals. It affects

⁷⁵ Ibid., 48

children as well as adults, rich as well as poor, women as well as men. If AIDS is indeed God's plaque-sword, it has a very blunt and indiscriminating edge.⁷⁶

The church must not spend time deciding who falls under judgment. Every sufferer does not fit into a neat category. God does not call Christians to judge why people are suffering. The church is called to proclaim God's standard of righteousness to the world. God calls the church to minister with all the love and compassion that Christ himself has shown.

Donald E. Messer notes that ministry is the gift of God to the world people of God. The Bible does not designate ministry as the prerogative of the ordained clergy. The gifts of ministry are given not just to individuals, but to all who are baptized in Jesus Christ, the corporate body of the church.⁷⁷

HIV/AIDS patients are lonely and longing for love and compassion from the church. This kind of fellowship is exactly what the body of Christ should provide. The church must offer an informed and compassionate response to those with AIDS and the problems that occur with this disease. The body of Christ is to overcome the fear and fright and hate by demonstrating God's divine love.

⁷⁶ Collin E. Crowther, *AIDS A Christian Handbook* (London: Epworth Press, 1991), 9.

⁷⁷ Donald E. Messer, *Contemporary Images of Christian Ministry* (Nashville, TN: Abingdon Press, 1989).

CHAPTER FOUR

METHODOLOGY

This project was to test the hypothesis programs and education would cause a church with little or no compassion for those with HIV/AIDS to have an increase of compassion.

The presupposition concerning this statement is that the church must take an interest in lives of the people who struggle with more than how to pay their bills, but the church must minister to those who have been affected by AIDS. Most of all, the church needs to look beneath behavior to understand the underlying hopes and needs of people. It is this writer's view that, until we see through compassionate eyes, lives will continue to be loss. We, as a community of hope need to, express that there is love, there is comfort and there is mercy that flows from the church in the midst of the AIDS crisis.

This project used a two-fold approach. First, a pretest was given, then a series of four Bible studies and two sermons were administered to the congregation at Potter's House Deliverance Tabernacle. The Sermons demonstrated God's care and concern which illustrates his great compassion for all those who are broken by life's harsh realities.

The sermons also served as a godly way of energizing the context associates who were both positive and critical of the project.

Second, the Bible study was used to obtain a more controlled group of people. The Bible study group more likely would attend both worship and Wednesday night Bible

study so the pre test and post test was given on Wednesday night. The first stage of developing this project began with gathering information to be used in developing the questions for the pre and post-test.

It was determined that using the exact same questions would give more accurate feedback for this project. Though this is a difficult piece of information to shed light on, it is necessary to help the healing process begin and take hold.

A group of twenty-three people were presented for the first time with ten questions. The answers were to range from strongly agree to strongly disagree. There were twenty people present to answer the same ten questions in a post-test.

Everybody understood that no names, ages, or sex were required to participate. This was due to the nature of the very sensitive subject of HIV/AIDS, so that if people really had a serious concern or phobia they should be free to express it.

The group consisted of both males and females with the average age being 34. The youngest was 12 years of age and the oldest was 48 years of age. These were all members of the Potter's House Deliverance Tabernacle.

Pre Test/Post Test Analysis

The pre and posttest cover the same questions. The pretest served to set a benchmark as to where people's mindset was as it related to AIDS/HIV. The hypothesis was that increased awareness and education would increase sensitivity, compassion and love.

The pre and post tests had an impact on what the church should and should not believe or what the church should do when it is concerned. The hypothesis is that a series of Bible studies would increase compassion and love among every educated person.

Comparisons in question number one show that both groups strongly agree that the church should be a compassionate community assisting those with AIDS, only in the post test does one person become undecided.

Question number two pre and post tests reveal that they disagreed to strongly disagreed that AIDS education was not a waste of time, which means the sampling was in favor of AIDS education.

Part “a” of question number three showed that a greater percentage in both groups strongly disagreed that the less they knew about AIDS would increase their chances of getting the disease. In both groups, a lower percentage strongly agreed that the less they knew about AIDS increased their chances of getting AIDS/HIV.

Part “b” of question number three showed that both groups strongly disagreed that the more they knew would increase their chances for getting AIDS/HIV. The same was true with the other end of the spectrum a smaller percentage of both groups strongly agreed that the more they knew would increase their chances for getting AIDS/HIV.

Question number four pre and post tests show differences on who was at greater risk. With the pretest, the group basically disagreed that only homosexual were at risk for AIDS. However the post test showed a smaller percentage believed that homosexuals were at risk. Another percentage was undecided and a greater percentage strongly disagreed that homosexual were at risk.

Question number five pre and post tests strongly disagreed that drug users were at risk for AIDS/HIV

Question number six pre and post test sampling results showed that the church should be involved in the caretaking ministry for AIDS victims and in both groups there were some who were still undecided.

Question number seven pre and post test sampling both agreed that the church should get involved in AIDS counseling. A smaller percentage was undecided in both groups.

Question number eight pre and post tests showed that both groups had higher percentages of people with AIDS could join the church. The pre test group had a very low percentage that strongly disagreed that persons with AIDS should join the church and a lower percentage was undecided.

Question number nine both pre and post tests strongly disagreed to disagreed that AIDS was a punishment from GOD. Only in the pre test was the sampling undecided, meaning they were not sure.

Question number ten pre and post tests strongly disagreed to disagreed that the church's only role was to preach morality to those with AIDS, meaning the church has a greater role other than Biblical morality.

CHAPTER FIVE

FIELD EXPERIENCE

Evaluation Of The Pre-Test/Post Test

The main purpose of the survey/questionnaire was to measure if there were any attitude changes, good or bad, in wrong thoughts and beliefs about HIV and to inform people educationally and challenge them to change to be the ministry link so needed by the church, to assist those affected and effected by HIV in a loving, compassionated environment.

The pretest was to ascertain the first group's attitude about AIDS. If attitudes were negative before the bible studies and sermons, it was hoped that the attitude and beliefs would become more positive and they would be willing to be an agent of compassion and love to reach those hurting and suffering with AIDS.

The post test would measure the attitudes of these same people and give an indication if they changed at all. There are still those who are crying out, where is God in this epidemic? Where is God in the sadness? Where is God in this human dilemma? It is the prayer of this writer that the church would change the negative beliefs and prejudices and face this crisis to reach out to those in desperate need of hope.

The quantitative approach was used with an experimental design on the survey to gain clearer insight into the thoughts and attitude of the sample grouping of the Potter's House Deliverance Tabernacle. The pre-test/post-test survey gave the following

information. The numerical data that is generated from the pre-test/ post-test is tabulated by taking the total number of participants. The pre-test/ post-test survey questions are identical, no independent variable applied. The data of the pre-test/post-test is presented in two ways: showing the percentage of each variable and showing the ratio of each variable within each group.

Results of the Pre Test

Question number one, a Christian church should be a compassionate community assisting those with AIDS/HIV, 14 out of 23 or 60% who strongly agreed; 6 out of 23 or 26% agreed and 3 out of 23 or 13% undecided. Question number two was do you feel that AIDS education is a waste of time, 3 out of 23 or 13% disagreed and 20 out of 23 or 86% strongly disagreed, which mean the sampling was in favor of AIDS education.

Question number three was the least I know about AIDS increase my chances of getting it. 4 out of 23% or 8.6% strongly agreed, where as 6 out of 23 or 26% agreed and 13 out of 23% or 56% strongly disagreed. The "B" part of this question 3 was the more I know about AIDS increases my chances of getting it, 3 out of 23 or 8.6% strongly agreed that the more they knew about AIDS increased there chance of getting AIDS, and 4 out of 23 or 7% disagreed, meaning a smaller percent knew they could get AIDS by having more education and 16 out of 23 or 69% strongly disagreed, meaning they were aware that the more education on AIDS didn't increase they chance of contracting HIV/AIDS.

Question number four, do you believe that only homosexual are at risk for AIDS? 3 out of 23 or 13% disagreed and 20 out of 23 or 86% strongly disagreed, meaning that more than homosexual are at risk for HIV/AIDS.

Question number five, do you believe that drug abusers are at risk for AIDS? 1 out of 23 or 4% strongly agreed, and 4 out of 23 or 8.6% disagreed and 20 out of 23 or 76% strongly disagreed or they didn't believe that drug abuser were at risk for AIDS or HIV.

Question number six, do you think the church should involve itself with the care taking ministry of AIDS? 11 out of 23 or 47% strongly agreed and 7 out of 23 or 30% agreed, and 5 out of 23 or 21% were undecided meaning they were undecided if the church should be involved in care taking ministry.

Question number seven, should the church get into AID counseling? 11 out of 23 or 47% strongly agreed and 9 out of 23 or 39% agreed, 3 out of 23 or 13% were undecided.

Question number eight, should person living with AIDS join your church? 17 out of 23 or 73% strongly agreed, 4 out of 23 or 17% agreed, 1 out of 23 or 4% was undecided, 1 out of 23 or 4% strongly disagreed and 4% did not think it was appropriate.

Question number nine, do you believe that HIV/AIDS is a punishment from God? 1 out of 23 or 4% believed that God would punish a person who has HIV/AIDS, 7 out of 23 or 30% are undecided whether or not God would or his will is to punish men with HIV/AIDS, 4 out of 23 or 17% are undecided, meaning they are not sure or can't make up their mind if God would punish man, woman or child with HIV/AIDS, 11 out of 23 or 47% strongly disagree that HIV/AIDS is punishment from God.

Question number ten, the churches only role in the AIDS epidemic is to preach Biblical morality; 1 out of 23 or 4% strongly agree that's the only role the church has, 1 out of 23 or 4% agree that the only role the church has, 1 out of 23 or 4% have not decided if the church should preach Biblical morality, 8 out of 23 or 34% disagree meaning they feel that the church has more of a responsibility other than Biblical morality,

12 out of 23 or 52% strongly disagree and fill that the church has a greater role other than Biblical morality. What exactly may be measure in just education, time and understanding?

Results of the Post Test.

Question number one, should a church be a compassionate community assisting those with AIDS/HIV, 10 out of 20 or 50% strongly agreed; 9 out of 20 or 45% agreed and 1 out of 20 undecided.

Question number two, is AIDS education a waste of time, 5 out of 20 or 25% strongly agreed not a waste of time; 15 out of 20 or 75% agreed not a waste of time.

Question number three (a), the least I know about AIDS increases chances of getting AIDS/HIV, 6 out of 20 or 30% strongly agreed; 5 out of 20 or 25% agreed; 1 out of 20 or 5% strongly disagreed; 1 out of 20 or 5% undecided and 6 out of 20 or 30% disagreed.

Question number three (b), the more I know about AIDS increases chances of getting AIDS/HIV, 2 out of 20 or 10% strongly agreed; 7 out of 20 or 35% disagreed; 10 out of 20 or 50% strongly disagreed.

Question number four, do you believe that homosexual are the only one at risk for AIDS, 1 out of 20 or 5% strongly agreed; 1 out of 20 or 5% are undecided; 6 out of 20 or 30% disagreed and 11 out of 20 or 55% strongly disagreed.

Question five, do you believe that drug abuser are the only one at risk for AIDS, 1 out of 20 or 5% strongly agreed; 8 out of 20 or 40% disagreed; 11 out of 20 or 55% strongly disagreed.

Question number six, do you think the church should involve itself with the care ministry of AIDS, 4 out of 20 or 20% strongly agreed; 13 out of 20 or 65% agreed and 3 out of 20 or 15% undecided.

Question number seven, should the church get involved with AIDS counseling, 3 out of 20 or 15% strongly agreed; 15 out of 20 or 75% agreed and 2 out of 20 or 10% undecided.

Question number eight, should a person living with AIDS join your church, 5 out of 20 or 20% strongly agreed and 15 out of 20 or 75% agreed.

Question number nine, do you believe that HIV/AIDS is a punishment from GOD, 1 out of 20 or 5% strongly agreed; 5 out of 20 or 20% undecided; 8 out of 20 or 40% disagreed and 6 out of 20 or 30% strongly disagreed.

Question number 10, the church only role in the AIDS epidemic is to preach Biblical morality, 1 out of 20 or 5% agreed; 4 out of 20 or 20% undecided; 9 out of 20 or Disagreed and 6 out 20 or 30% strongly disagreed.

CHAPTER SIX

REFLECTION, SUMMARY AND CONCLUSION

This project was intended to educate people as to the great need for caring for those infected with AIDS. The educational vehicle provided through preaching and bible study should have created a greater need or desire to earnestly want to love and help those infected with AIDS. From this writer's view, what appeared should be helpful and informative was not. The question is why? I don't know if I can answer the question of why? But I have noticed a struggling apathy among people.

In 1985, I was a nurse in the intensive care unit at the hospital; my first awareness was taking care of a man about age 30. These patients then were isolated and nobody wanted care for them. I was totally ignorant of the risk or danger, if any, that I faced. My colleagues expressed resentment that they had to care for those with AIDS. I was so surprised that these patients were isolated and shunned by the healthcare community. No one touched them without gloves, mask or gown. This disease was not explained to us as care givers. It was demonstrated then, as well as today in 2003, that people are still afraid and have very little knowledge of how to care for those diagnosed with AIDS.

This had to be a hurtful and disappointing thing for both patient and the family. Over the years, this disease continues to grow in devastating numbers and so many lives are lost. I feel that those who are well-to-do in the community get better care. It's a well-

known fact that the rich always have much better health care and medications. Poor and African Americans are ostracized and isolated because they don't have money.

It is the major Drug Companies that are capitalizing off the poor and the deprived. The large pharmaceutical companies make millions of dollars because the AIDS virus is growing. What is heartbreaking is that these large pharmaceutical companies use very little of their money and resources on prevention. They only focus on patients and profits, not people. The hard facts are shocking because of the increase and not decrease in the spread of AIDS.

Like the planes hitting the twin towers, when HIV and AIDS first emerged in the U.S. more 20 years ago, the epidemic struck first and fiercest at two population, white gay men and intravenous drug users of all colors. The difference now is that the rate of infection has decreased for only one group, gay white men. The rates are higher in the African American community due to bisexual men, unfaithful spouses and drug users. Without proper prevention and something more than education, the spread of infection will get higher and higher.

One of the bothersome things about AIDS is that babies are being either exposed to HIV or born with AIDS. The question still comes why? Why would God allow something as tragic as AIDS to affect innocent babies? You must then ask where is God in the midst of all this? I believe that God is looking and waiting for every one who proclaims to know him to get involved. Our teenagers need us to be involved. They are affected by much more than AIDS. They need guidance, hope, love, compassion and other alternatives to help prevent them from being infected and suffering in this crisis.

Therefore, for the church to meet human needs, the church's ministry must be two pronged. It must be comprised both of the words and deeds. Jesus himself was mighty in

word and deed (Luke 24:19). The root meaning of the word *diakonia* is to feed someone by waiting on a table, which is the word that is usually translated as “serve” in the Bible. “An example is in Luke 10:40, where Martha is preparing a meal for Jesus. A group of women disciples followed Jesus and the apostles, providing food and other physical needs; this ministry is called *diakonia* (Matt. 27.55; Luke 8:3).”¹ For the church to meet the needs of people, the church must not only preach and teach people the word of God, but equally perform deeds.

Since compassion is a crucial element of the ministry of the church, a working definition of compassion is helpful. There are different terms for the word compassion in the Old Testament, which seem to suggest that there are two components to the word compassion; and the two components are inseparable. The first component of the word compassion deals with a specific emotional state of a person, which is generated by observing the condition of others. The emotional state specifically is that of sympathy. The sympathy that one has for a victimized person invokes the sympathizer to pursue rectification for the person victimized. This is the second component of compassion. Therefore, from the Old Testament, a definition of compassion would be “a feeling of sympathy for people who have been victimized; a feeling that leads those who sympathize with the person who has been victimized to provide what is necessary to rectify the victim’s condition.”

It would be such a shame to ignore the feelings of those who have been victimized. From Jesus, we learn that to show compassion is to first have the proper perception of others and ourselves. The proper perception of others and ourselves causes a feeling of

¹ Messer, *Contemporary Images of Christian Ministry*.

sympathy and empathy within us for the condition of others. The feeling of sympathy that is generated within leads one to provide what is specifically necessary to positively alter a person's situation. There are times when the question is asked, "do you really understand my pain, my hurt or my condition?" The church must respond with nothing less than compassion.

The key component missing from HIV prevention programs for poor and oppressed communities is money. HIV prevention is enormously under-resourced. Dollars are being stretched to the max. Again, this writer's belief is that the church must be willing to fund and educate in hopes that we can decrease the growing number of AIDS victims.

In summation of this project there was not much change from the pre testing and post testing results. In reality, information has not slowed down the increase in AIDS being spread from infants to the senior population and information has not advanced people's thinking or feelings.

It would appear that education alone will not compel people to reach out in mass numbers to people with AIDS. It still remains unknown what will change the mindset of people; this epidemic cannot go unnoticed. It is very important for the church to be about providing state of the art care ministry across this country to all people.

In conclusion, it appears that what is needed is more than a model of education. Knowledge alone does not stimulate compassion. In this fight to save and insure people have quality of life, something more than education is needed. People have to be reached by love and compassion. It is a fact that education overall and across this country has not influenced the life styles that put a person at risk of HIV/AIDS. In spite of all the education that has been put forth to help stop the spread of AIDS, it continues to rise. I

found that people are afraid of helping those with AIDS; the limitation is not enough money to do more in prevention research.

Finally, we must turn our history around and become heroes for social issues. We must now focus to make history and in doing so to save our homes, communities and nation. The church must make history in demonstrating the compassion and sensitivity to reach those affected by the HIV & AIDS Disease.

APPENDIX A
AIDS SURVEY/QUESTIONNAIRE

A SURVEY/QUESTIONNAIRE ON AIDS

Using the codes below, circle the letter(s) that best describes how you feel about the statements listed here.

SA= Strongly Agree A= Agree U= Undecided D= Disagree SD = Strongly Disagree

1. Christian church should be a compassionate community assisting those affected with HIV/AIDS.	SA	A	U	D	SD
2. Do you feel that AIDS education is a waste of time?	SA	A	U	D	SD
3. The least I know about AIDS increases my chances of getting it,	SA	A	U	D	SD
a. The more I know about AIDS increases my chances of getting it.	SA	A	U	D	SD
4. Do you believe that only homosexuals are at risk for AIDS?	SA	A	U	D	SD
5. Do you believe that only drug abusers are at risk for AIDS?	SA	A	U	D	SD
6. Do you think the church should involve itself with the care-taking ministry for AIDS patients?	SA	A	U	D	SD
7. Should the church get involved with AIDS counseling?	SA	A	U	D	SD
8. Should a person living with AIDS join your church?	SA	A	U	D	SD
9. Do you believe that HIV/AIDS is a punishment from God?	SA	A	U	D	SD
10. The church's only role in the HIV/AIDS epidemic is to preach Biblical morality.	SA	A	U	D	SD

APPENDIX B

UNITED STATES AND FLORIDA HIV/AIDS FACT SHEET

UNITED STATES AND FLORIDA HIV/AIDS FACT SHEET

United States*

Cumulatively through 1999, 733,374 AIDS cases have been reported in the US.

In 1999, 46,400 AIDS cases were reported in the US.

Cumulatively through 1999, 8,718 pediatric AIDS cases have been reported in the US.

Males account for 83% of cumulative reported AIDS cases, and females account for 17%. The male-to-female ratio is 4.9:1.

Of the cumulative number of AIDS cases, 43% are among whites, 37% are among blacks, and 18% are among Hispanics.

Cumulatively through 1999, 122,607 HIV cases have been reported, which includes 2,026 pediatric HIV cases. (As of December 1999, 33 states require HIV infection reporting).

In 1999, 21,419 HIV cases were reported in the US.

Males account for 72% of cumulative reported HIV cases, and females account for 28%. The male-to-female ratio is 2.6:1.

Of the cumulative number of HIV cases:

52% are among blacks,

38% are among whites, and

8% are among Hispanics.

Cumulatively through 1999, the top five leading states/territories reporting the highest number of AIDS cases are:

New York	136,062
Texas	51,449
California	115,366
New Jersey	40,216
Florida	75,539

Cumulatively through 1999, the top five leading metropolitan statistical areas (MSAs) reporting the highest number of AIDS cases are:

New York City	115,059
Miami	22,872
Los Angeles	40,709
Washington, DC	21,648
San Francisco	27,151

* 2000 U.S. data not available

Florida

Cumulatively through 2000, **79,155** AIDS cases have been reported in Florida. Florida ranks **third** in the nation in the number of AIDS cases.

In **2000**, **4,987** AIDS cases were reported in Florida.

Cumulatively through 2000, **1,390** pediatric AIDS cases have been reported in Florida. Florida ranks **second** in the nation in the number of pediatric AIDS cases.

Males account for **78%** of cumulative reported AIDS cases, and females account for **22%**. The male-to-female ratio is **3.5:1**.

Of the cumulative number of AIDS cases, **46%** are among blacks, **39%** are among whites, and **15%** are among Hispanics.

Cumulatively through 2000, **19,329** HIV cases have been reported, which includes **142** pediatric HIV cases. (Reporting of HIV was implemented July 1, 1997.)

In **2000**, **5,634** HIV cases were reported in Florida.

Males account for **62%** of cumulative reported HIV cases, and females account for **38%**. The male-to-female ratio is **1.6:1**.

Of the cumulative number of HIV cases, **59%** are among blacks, **26%** are among whites, and **15%** are among Hispanics.

In **2000**, there were **245,048** HIV tests performed by county public health departments, with **2.1%** of the tests being positive.

Source: CDC HIV/AIDS Surveillance Report, Vol. 11 No.2;
Florida Department of Health, Bureau of HIV/AIDS. Data as of 12/31/99.

APPENDIX C
BIBLE STUDY

A Leper, a Paralytic and a Tax Collector

Mark 1:40-2:17

Purpose: To see that it is sinners who are invited to enter the kingdom

"Unclean! Unclean!" the man shouted, and everyone scattered to avoid contact with the leper-everyone except Jesus.

The religious wisdom of the day demanded that a holy man keep away from the common people, the "sinners." So Jesus was bound to encounter resistance as he openly welcomed them. This passage focuses on Christ's compassion toward those we normally avoid.

1. What type of person in our society would you feel most uncomfortable associating with? Explain why.

2. Read Mark 1:40-2:17. Notice how the pace slows down, and see if you can spot the main cause of the resistance Jesus faces.

Question 2. This is not really intended as a question, but you could allow the group to share their initial impressions concerning the resistance to Jesus. Don't spend much time on this.

3. Leviticus 13:45-46 states that a leper "must wear torn clothes, let his hair be unkempt, cover the lower part of his face and cry out, 'Unclean! Unclean!' As long as he has the infection he remains unclean. He must live alone; he must live outside the camp." How then would this disease have affected the man psychologically, religiously and socially?

Question 3. Be sure that the group, in answering this question or the next, notices that the way the man feels about himself affects his request. Even though he seems confident of Jesus' ability to heal, he questions Jesus' willingness to help him.

4. What risks did the leper take in coming to Jesus (1:40-45)?

What risks did Jesus take in responding to him as he did?

Question 4. Among other things, according to the Law, Jesus would become ceremonially unclean. He also risked getting the disease.

5. How does Jesus respond to the man's total need?

Question 5. Be sure that the group notices that Jesus' stern charges were oriented toward the man's good and not simply his own convenience. By fulfilling the requirements of the Law (Lev 14:2-32), the man could be restored to his proper place in the social and religious fabric of society.

6. Imagine that you are the paralytic being lowered before Jesus (2:1-12). How do you feel, especially when Jesus announces, "Son, your sins are forgiven"?

How do you feel after you have been healed?

7. In what ways does Jesus' healing of the paralytic answer the questions raised in the minds of the teachers of the law?

8. The paralytic's mends provide a model of caring. What are some practical ways we can follow their example?

9. Contrast the Pharisees' attitude toward tax collectors and "sinners" with that of Jesus.

Question 9. While the NIV puts the word *sinners* in quotation marks, other versions do not. The point here is that the Pharisees classified as a sinner anyone who failed to meet their rigid standards. They also failed to recognize that even the strictest Pharisee might be a sinner in God's eyes.

10. In his reply to the Pharisees' complaint, Jesus specifically likens himself to a doctor. How has he acted as a doctor throughout this passage?

Question 10. Be sure the group notes both the physical and spiritual aspects of Jesus' work.

11. How is sin like illness, especially leprosy and paralysis?

Question 11. Be sure to explore the social and psychological dimensions as well as the spiritual.

12. Jesus came announcing the kingdom and calling people to follow him. What change would need to take place in these Pharisees before they could answer Jesus' call?

Question 12. If the group has trouble answering, ask, "What would the Pharisees have to admit about themselves before they would be ready to follow Jesus?"

13. Who do you consider to be some of the "unlovely" or "unreachable" for God's kingdom?

What steps can you take to bring your thinking and actions toward them into line with those of Jesus?

APPENDIX D
BIBLE STUDY HANDOUTS

Handout/Information to be used in bible study on "AIDS"

Potter's House Deliverance Tabernacle Church

By

Rev. Patricia Hauser

WHAT DOES "AIDS" MEAN?

AIDS stands for Acquired Immune Deficiency Syndrome:

- Acquired means you can get infected with it;
- Immune Deficiency means a weakness in the body's system that fights diseases.
- Syndrome means a group of health problems that make up a disease.

AIDS is caused by a virus called HIV, the Human Immunodeficiency Virus. If you get infected with HIV, your body will try to fight the infection. It will make "antibodies", special molecules that are supposed to fight HIV.

When you get a blood test for HIV, the test looks for these antibodies. If you have them in your blood, it means that you have HIV infection. People who have the HIV antibodies are called "HIV-Positive". Fact Sheet 1Q2 has more information on HIV testing.

Being HIV -positive, or having HIV disease, is not the same as having AIDS. Many people are HIV -positive but don't get sick for many years. As HIV disease continues, it slowly wears down the immune system. Viruses, parasites, fungi and bacteria that usually don't cause any problems can make you very sick if your immune system is damaged. These are called "opportunistic infections" (see Fact Sheet 500).

HOW DO YOU GET AIDS?

You don't actually "get" AIDS. You might get infected with HIV, and later you might develop AIDS.

You can get infected with HIV from anyone who's infected, even if they don't look sick, and even if they haven't tested HIV-positive yet. The blood, vaginal fluid, semen, and breast milk of people infected with HIV has enough of the virus in it to infect other people. Most people get the HIV virus by:

- Having sex with an infected person.
- Sharing a needle (shooting drugs) with someone who's infected
- Being born when the mother is infected, or drinking the breast milk of an infected woman.

Getting a transfusion of infected blood used to be a way people got AIDS, but now the blood supply is screened very carefully and the risk is extremely low.

There are no documented cases of HIV being transmitted by tears or saliva, but it is possible to be infected with HIV through oral sex or in rare cases through deep kissing, especially if you have open sores in your mouth or bleeding gums.

In the United States, there are about 800,000 to 900,000 people who are HIV-positive. Over 300,000 people are living with AIDS. Each year, there are about 40,000 new infections. In the mid-1990s, AIDS was a leading cause of death. However, newer treatments have cut the AIDS death rate significantly.

WHAT HAPPENS IF I'M HIV POSITIVE?

You might not know if you become infected with HIV. Some people get fever, headache, sore muscles and joints, stomach ache, swollen lymph glands, or a skin rash for one or two weeks. Most people think it's the flu. Some people have no symptoms. Fact Sheet 103 has more information on the early stage of HIV infection.

The virus will multiply in your body for a few weeks or even months before your immune system responds. During this time, you won't test positive for HIV, but you can infect other people.

When your immune system responds, it starts to make antibodies. When this happens, you will test positive for HIV.

After the first flu-like symptoms, some people with HIV stay healthy for ten years or longer. But during this time, HIV is damaging your immune system.

One way to measure the damage to your immune system is to count your CD4+ cells you have. These cells, also called "T-helper" cells, are an important part of the immune system. Healthy people have between 500 and 1,500 CD4+ cells in milliliter of blood. Fact Sheet 412 has more information on T-cells.

Without treatment, your CD4+ cell will most likely go down. You might start having signs of HIV disease like fevers, night sweats, diarrhea, or swollen lymph nodes. If you have HIV disease, these problems will last more than a few days and probably continue for several weeks.

HOW DO I KNOW IF I HAVE AIDS?

HIV disease becomes AIDS when your immune system is seriously damaged. If you have less than 200 CD4+ cells or if your CD4+ percentage is less than 14%, you have AIDS. See Fact Sheet 412 for more information on CD4+ cells. If you get an opportunistic infection, you have AIDS. There is an "official" list of opportunistic infections, put out by the Centers for Disease Control (CDC). The most common ones are:

- PCP (Pneumocystis carinii pneumonia), a lung infection;
- KS (Kaposi's sarcoma), a skin cancer;
- CMV (Cytomegalovirus), an infection that usually affects the eyes; and
- Candida, a fungal infection that can cause thrush (a white film in your mouth) or infections in your throat or vagina.

AIDS-related disease also includes serious weight loss, brain tumors, and other health problems. Without treatment, these opportunistic infections can kill you. The official CDC definition of AIDS is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>

AIDS is different in every infected person. Some people die soon after getting infected, while others live fairly normal lives for many years, even after they "officially" have AIDS. A few HIV-positive people stay healthy for many years even without taking Anti-HIV medications.

IS THERE A CURE FOR AIDS?

There is no cure for AIDS. There are drugs that can slow down the HIV virus, and slow down the damage to your immune system. But there is no way to get all the HIV out of your body.

There are other drugs that you can take to prevent or to treat opportunistic infections (OIs). In most cases, these drugs work very well. The newer, stronger anti-HIV drugs have also helped reduce the rates of most OIs. A few OIs, however, are still very difficult to treat.

2000

HIV Statistics

Office of Communications, National Institute of Allergy and Infectious Disease - December 2000 As of the end of 2000, an estimated 36.1 million people worldwide -- 34.7 million adults and 1.4 million children younger than 15 years -- were living with HIV/AIDS. More than 70 percent of these people (25.3 million) live in Sub-Saharan Africa; another 16 percent (5.8 million) live in South and Southeast Asia.

The Evidence That HIV Causes AIDS

Office of Communications, National Institute of Allergy and Infectious Disease - November 2000. The acquired immunodeficiency syndrome (AIDS) was first recognized in 1981 and has since become a major worldwide pandemic. AIDS is caused by the human immunodeficiency virus (HIV). By leading to the destruction and/or functional impairment of cells of the immune system, notably CD4+ T cells, HIV progressively destroys the body's ability to fight infections and certain cancers.

HIV Infection in Adolescents

Office of Communications, National Institute of Allergy and Infectious Disease - May, 2000.

The human immunodeficiency virus (HIV), which causes AIDS, ranks seventh among the leading causes of death for U.S. children 5 to 14 years of age and sixth for young people 15 to 24 years of age. Because the average period of time from HIV infection to the development of AIDS is 10 years, most young adults with AIDS were likely infected with HIV as adolescents.

HIV Infection and AIDS, An Overview

Office of Communications, National Institute of Allergy and Infectious Disease - May, 2000.

AIDS -- acquired immunodeficiency syndrome -- was first reported in the United States in 1981 and has since become a major worldwide epidemic. AIDS is caused by the human immunodeficiency virus (HIV). By killing or damaging cells of the body's immune system, HIV progressively destroys.

APPENDIX E
SERMON

The Psalmist has declared—"I will bless the Lord at all times-and his praise shall continually be in my mouth." This message today is in hopes that we will view the AIDS epidemic differently. The text today is taken from Job 42: 1-7

1 Then Job answered the LORD and said, "I know that You can do all things, And that no purpose of Yours can be thwarted."³ 'Who is this that hides counsel without knowledge?' "Therefore I have declared that which I did not understand, Things too wonderful for me, which I did not know."⁴ 'Hear, now, and I will speak; I will ask You, and You instruct me.'⁵ "I have heard of You by the hearing of the ear; But now my eye sees You,"⁶ Therefore I retract, And I repent in dust and ashes."⁷ It came about after the LORD had spoken these words to Job, that the LORD said to Eliphaz the Temanite, "My wrath is kindled against you and against your two friends, because you have not spoken of Me what is right as My servant Job has"

I want to tag this message with the title

"What Should the Christian Response Be To Those With AIDS?"

Human Immunodeficiency Virus (HIV) is a virus that has spread over the last 20 years in countries all over the world. Already more than 33 million people throughout the world are infected. More than 14 million have died.

HIV is a virus. Antibiotics cannot cure illnesses caused by a virus. (Although medicines may help to reduce the symptoms) People who have a virus—such as a cold—usually get better after a few days or weeks because the white blood cells of the immune system which are responsible for fighting diseases—successfully overcomes them. When a person is infected with HIV the immune system tries to fight off the virus and does make some antibodies, but these antibodies are not able to defeat HIV.

The person is said to be HIV Positive. Many people do not feel ill at all when they are first infected. They may have no symptoms for a long time. They have not yet got AIDS. HIV acts by gradually destroying the immune system of the infected person. After about 5 to 10 years (although much earlier in a minority of cases) the immune system becomes so weak—or 'deficient'—that it cannot fight off infections as it used to. Eventually the infected person may lose weight and become ill with diseases like persistent severe diarrhea, fever or pneumonia, or skin cancer. He or she has now developed AIDS. At the moment, in spite of much research, there is no cure for HIV or for AIDS and so, sadly, it is almost certain that people diagnosed with AIDS will die.

HIV does not spread through "casual" everyday contact between people. It is not transmitted by coughing, or sneezing, or by touching or hugging someone who has the virus. It is not spread in air, water or in food, or by sharing cups, bowls, cutlery, clothing, or toilet seats.

And biting insects such as mosquitoes does not transmit HIV, because the quantity of blood on their mouthparts is too minute.

Is AIDS a special judgment of God upon the homosexual community?

1. What is the conclusion of the book of Job who suffered terribly and whose friends spoke that he must have done something terrible to deserve God's punishment?

Job 42:7 (NLT)

¹After the LORD had finished speaking to Job, he said to Eliphaz the Temanite: "I am angry with you and with your two friends, for you have not been right in what you said about me, as my servant Job was.

2. When bad things happen it is always somebody's sin?

John 9:1-3 (NIV)

¹he went along, he saw a man blind from birth. ²His disciples asked him, "Rabbi, who sinned, this man or his parents that he was born blind?" ³"Neither this man nor his parents sinned," said Jesus, "but this happened so that the work of God might be displayed in his life."

Lk.13: 1-S (NL T)

¹About this time Jesus was informed that Pilate had murdered some people from Galilee as they were sacrificing at the Temple in Jerusalem. ²"Do you think those Galileans were worse sinners than other people from Galilee?" he asked. "Is that why they suffered?" ³Not at all! And you will also perish unless you turn from your evil ways and turn to God. ⁴And what about the eighteen men who died when the Tower of Siloam fell on them? Were they the worst sinners in Jerusalem? ⁵No, and I tell you again that unless you repent, you will also perish."

3. What is Jesus' response to the (AIDS) lepers victims of His day?

Matthew 8:1-3 (NLT)

¹Large crowds followed Jesus as he came down the mountainside. ²Suddenly, a man with leprosy approached Jesus. He knelt before him, worshiping. "Lord," the man said, "if you want to, you can make me well again." ³Jesus touched him. "I want to," he said. "Be healed!" And instantly the leprosy disappeared.

4. How can we be merciful in a practical way?

Matthew 9:9-13

⁹As Jesus was going down the road, he saw Matthew sitting at his tax-collection booth. "Come, be my disciple," Jesus said to him. So Matthew got up and followed him. ¹⁰That night Matthew invited Jesus and his disciples to be his dinner guests, along with his fellow tax collectors and many other notorious sinners. ¹¹The Pharisees were indignant. "Why does your teacher eat with such scum?" they asked his disciples. ¹²When he heard this, Jesus replied, "Healthy people don't need a doctor--sick people do." ¹³Then he added, "Now go and learn the meaning of this Scripture: I want you to be merciful; I don't want your sacrifices. For I have come to call sinners, not those who think they are already good enough."

Franklin Graham has noted, "When AIDS first came onto the world scene, many Christians had a skewed view of the disease and whom it affected. For various reasons, most Christians, including myself, did not become actively involved in the fight against the disease. That was wrong and I must admit I feel quite differently now."

In an address given at the Prescription for Hope: International Christian Conference on HIV/AIDS last February, Graham said, "Often, when we have gotten involved, it has been to proclaim how to avoid contracting the disease, but we have shamefully little to say to those who are already infected and living with AIDS, usually without hope."

So in closing-let us reach out with love and compassion-for we may never know that it really could be a member of our family-or as many who did nothing (i.e. babies, blood transfusion) could end up with this disease "AIDS"

Let us pray.

SERMON

The second and final sermon for the Topic of concern 'AIDS' is found in the book of

Luke 13:1-9

Now there were some present at that time who told Jesus about the Galileans whose blood Pilate had mixed with their sacrifices. Jesus answered, "Do you think that these Galileans were worse sinners than all the other Galileans because they suffered this way? I tell you, no! But unless you repent, you too will all perish. Or those eighteen who died when the tower in Siloam fell on them-- do you think they were more guilty than all the others living in Jerusalem? I tell you, no!"

John 9:1-3

As he went along, he saw a man blind from birth. His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?"

"Neither this man nor his parents sinned," said Jesus, "but this happened so that the work of God might be displayed in his life."

I want to tag this message

"Reaching Out With Christian Compassion"

Why does disaster come into the lives of some people, and not to others?

Why do some children grow and live long lives and others die so young?

The question of suffering is so common that the Bible addresses it time and again. That kind of question comes up in Luke 13. There the people were doing what we still do today, talking about current news events. Herod had just killed a group of Galileans while they were engaged in making sacrifices to God. People talked about that bit of news just as we today are talking about the news of Clinton or Georges.

They asked Jesus about it. Did the Galileans who were killed in a horrendous manner deserve this because they were worse sinners than others were? And Jesus himself takes another item from the news. What about the 12 people who were killed when the tower of Siloam fell on them? Did this happen to them because they were worse than all the other people were.

Jesus' answer: No! In John 9 we read of a man born blind. Is this man blind because of something he or his parents did? Jesus answers "No!" Today we ask: "Are people losing their health and lives because of cancer, AIDS or air crashes because they were worse sinners than anyone else?" What about those who died in Haiti—are they worse sinners than those in Miami? No. Tragedy does not always come into our lives as a result of a person's sin or evil nature.

We usually try to see some sort of relationship between a person's sinful actions and a person's experience with tragedy. Our tendency as Christians is to sometimes see God's hand of judgment involved in tragedy. St. Paul, in his letter to the Galatians, talked about the relationship between our actions and what we experience. Paul said in Galatians 6:7, 8:

Do not be deceived: God cannot be mocked. A man harvests what he plants. The one who plants to please his sinful nature, from that nature will harvest destruction; the one who plants to please the Spirit, from the Spirit will harvest eternal life.

But Paul was speaking not of what we harvest in his life. He was looking beyond this mortal world. Jesus refuses to teach that the people who suffer tragedy do so because of their sin.

Job, in the Old Testament, noticed that there is not always a relationship between our sins, and the tragedies we face. He said:

Job 21:7-13

“Why do the wicked live on, growing old and increasing in power? They see their children established around them, their offspring before their eyes. Their homes are safe and free from fear; the rod of God is not upon them. Their bulls never fail to breed; their cows calve and do not miscarry. They send forth their children as a flock; their little ones dance about. They sing to the music of tambourine and harp; they make merry to the sound of the flute. They spend their years in prosperity and go down to the grave in peace.”

The Psalmist observed, (Psalm 73: 12), “This is what the wicked are like-- always carefree, they increase in wealth.” As Christians, many of us would like to see a direct and immediate relationship between a person's actions and a person's experience in life. We would like to see the good and righteous win the lottery and the evil, bad people get swept away by hurricanes. But the observations of the Psalmist, Job and Jesus Himself are true. Most of the time, in this life, there is no one to one relationship between a person's sins and the tragedies or prosperity that one experiences.

Another thing about tragedy is that it is not always the will of God. One of the most painful things to hear when you are going through tragic times is someone saying, “It was God's will.” A child dies, and the parent hears someone at the graveside say, “It was God's will.” The doctor informs a patient that he has cancer, and a neighbor suggests, “It must be God's will.” A hurricane kills over 200 in the Caribbean but leaves South Florida free of major loss of life, and someone will wonder, “God's will.”

But how can we be sure?

In the Old Testament, *Job* suffers terribly. He never learns what we as readers of the book learn *from* the beginning. *Job* goes through his experience always believing that

God has destroyed his property, that God killed his family, and that God destroyed Job's health so that he lives out his days in great pain and agony. But as readers of the book, we get a look behind the scenes. We witness a dialogue between God and Satan in the first chapter of *Job*. Here we find that it is not God who inflicts *Job*, but rather it is Satan. When tragedy strikes, we want to have a full accounting *from* God. We want Him to explain Himself to us and to tell us why. Why did He do this? Or if He didn't do it, why did He allow it?

But Proverbs tells us that we should, "Trust in the LORD with all your heart and lean not on your own understanding" (Proverbs 3:5). In truth, it does not matter why things happen. It does not matter if it was God's will or not. What does matter is that God is still in control. God works in and through the tragedies of our lives. In our New Testament reading *from* John, Jesus states that this man was blind so "the work of God might be displayed in his life." It seems the Savior is telling us that this man's blindness was allowed because on this day Jesus was going to heal him. I wonder how many times this young man cried himself to sleep because of his handicap. I wonder how many times he raised his fist in anger at this affliction. For all these years this man wondered why. It was all leading to this encounter with the Savior.

This seems so hard and cruel, but it is true. When things are prosperous, we do not grow as people. We do not move closer to family and friends. We do not grow spiritually. We do not move closer to God. But let tragedy enter our lives, and our lives are strangely enhanced.

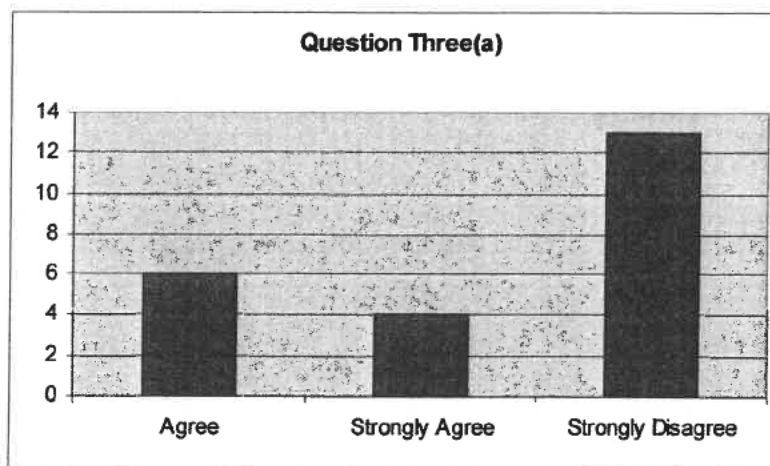
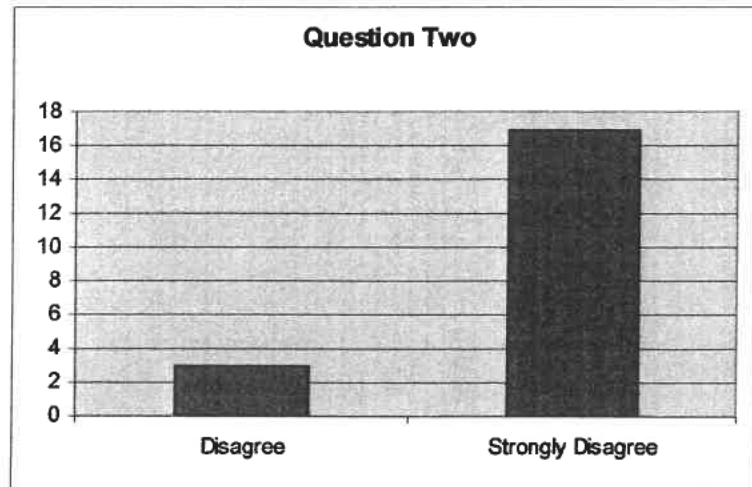
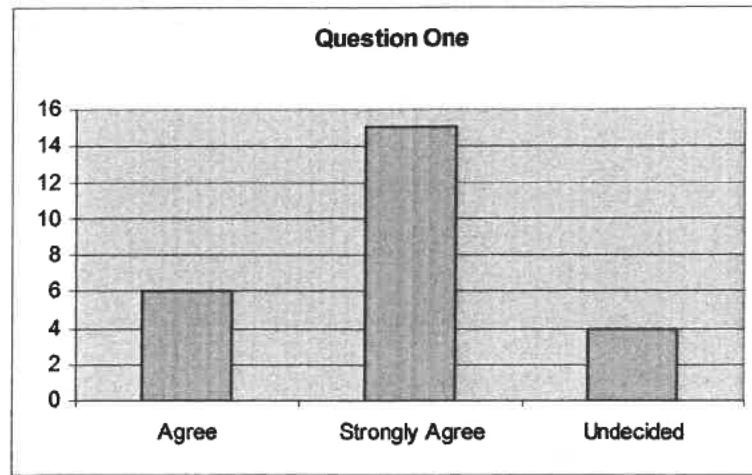
In the Old Testament book of Genesis we find the wonderful stories of Joseph. Here was a man beaten up by his brothers and sold into slavery. He makes the best of a bad situation and then is convicted of a rape he never committed. There must have been

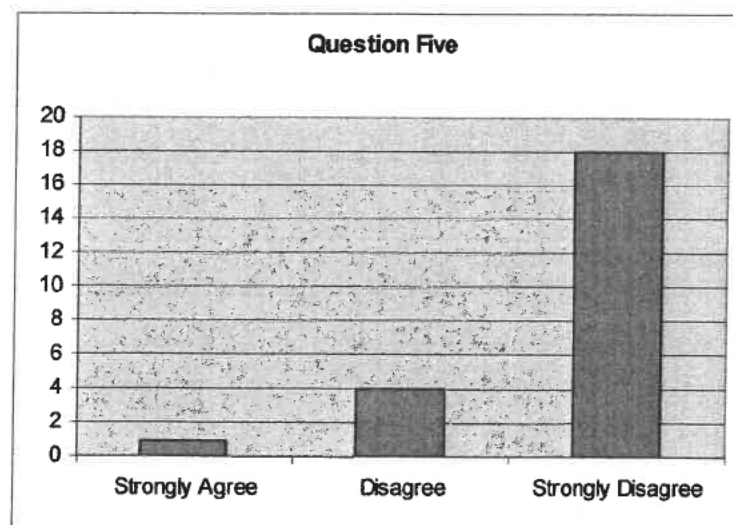
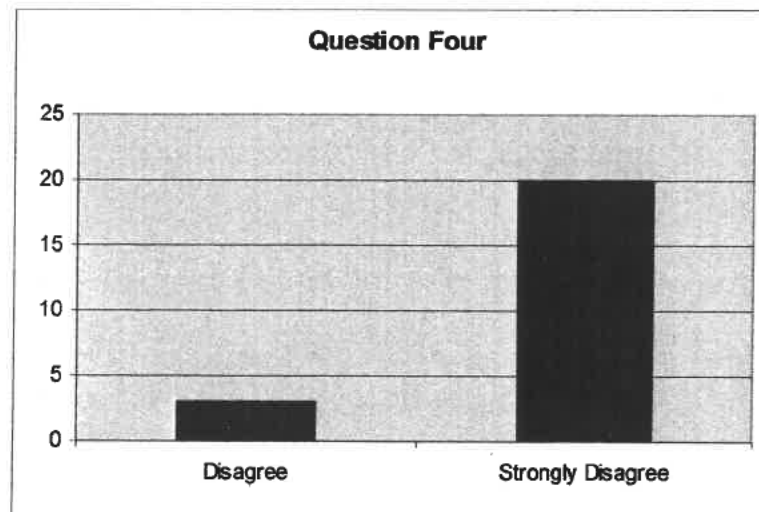
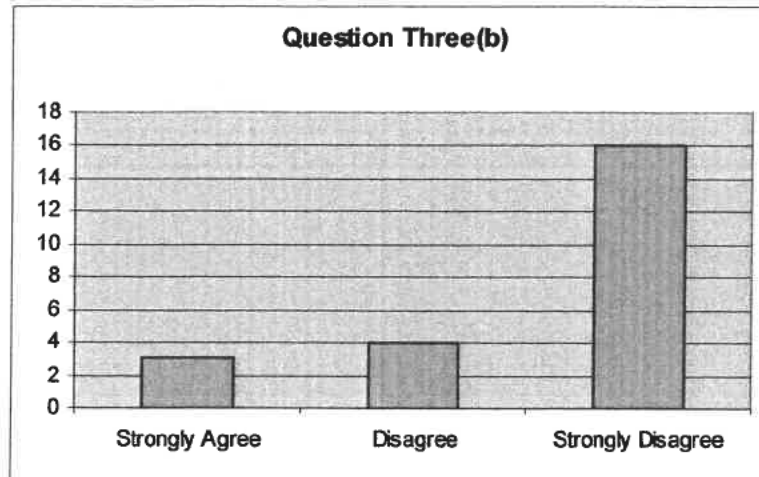
many times when Joseph was close to despair because of the seemingly senseless tragedies in his life.

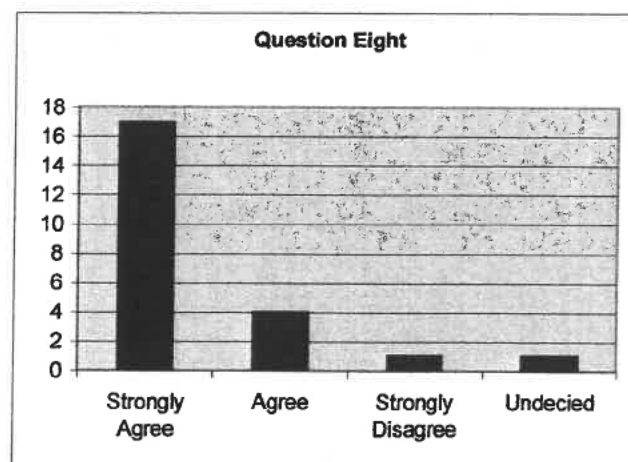
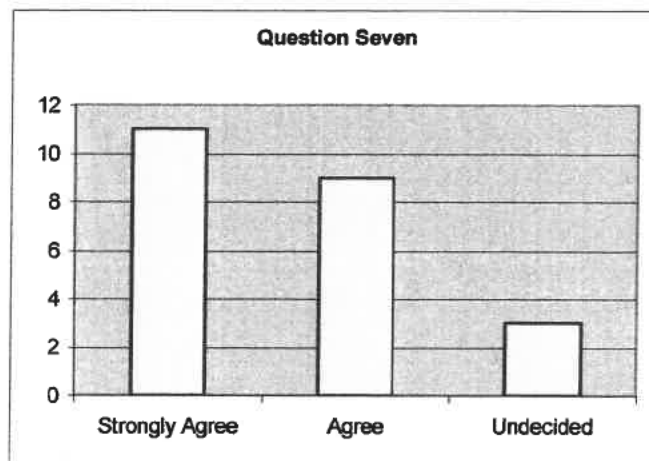
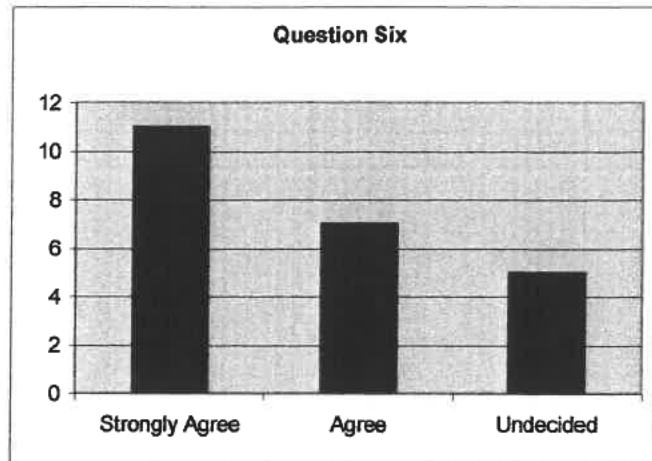
Finally, of course, Joseph is placed in the number two position of all of Egypt. Because of his position he saves his family (and the nation of Israel), is reconciled to his father and others and all seems right with the world. Finally dad dies and the brothers are scared. They are concerned that Joseph has the perfect opportunity to get even. In the course of the discussion Joseph says these incredible words: "You intended to harm me, but God intended it *for* good to accomplish what is now being done, the saving of many lives." (Gen. 50: 20)

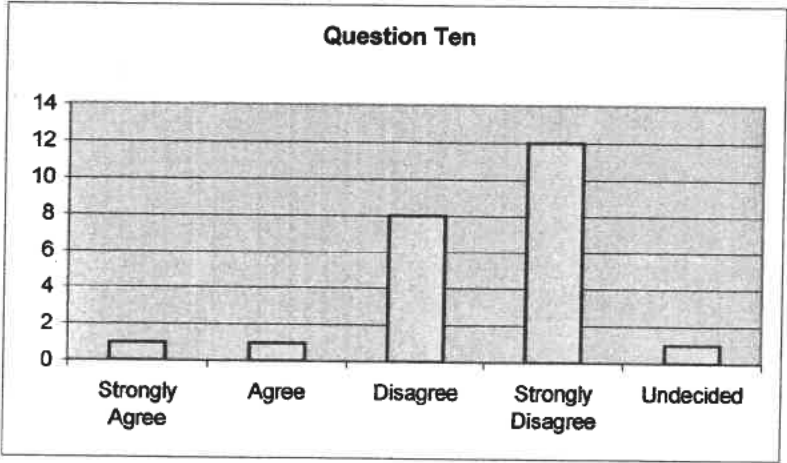
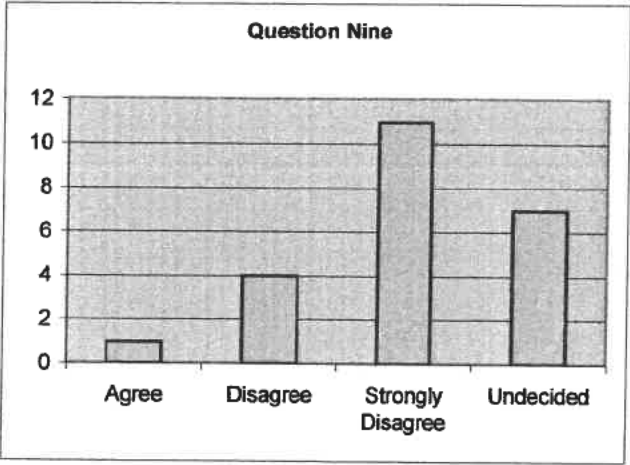
Joseph understood what we must never forget: God is in control! God is able to work in and through the tragedies of our lives. Let's reach out to those with AIDS and love them compassionately!

APPENDIX F
PRE-TEST CHARTS

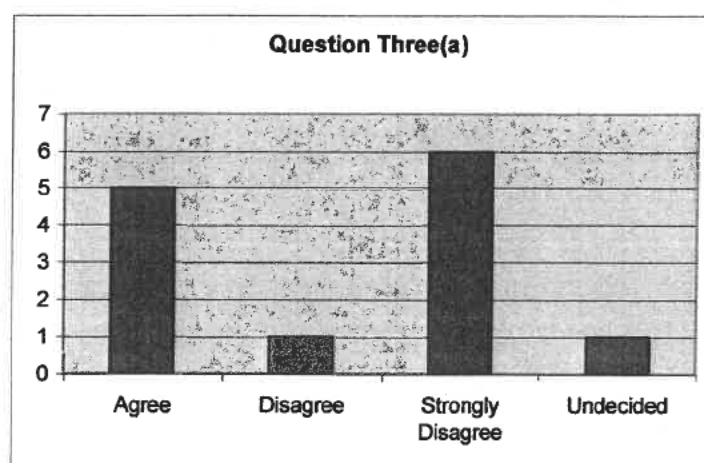
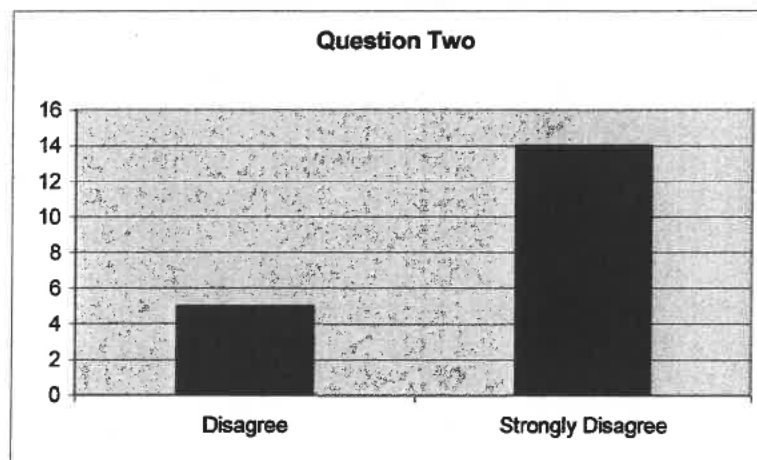
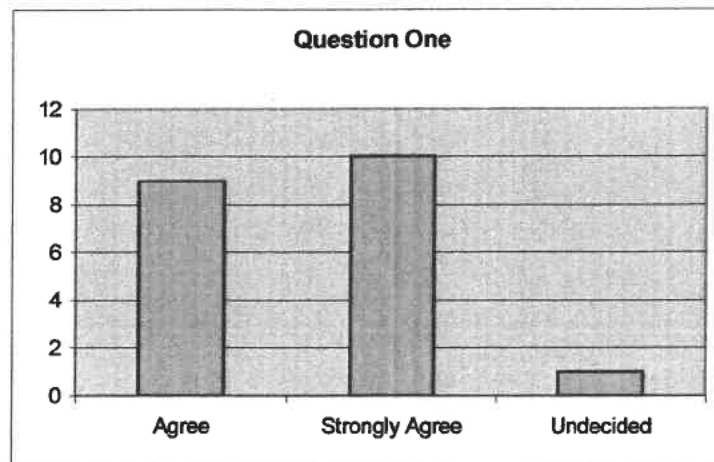


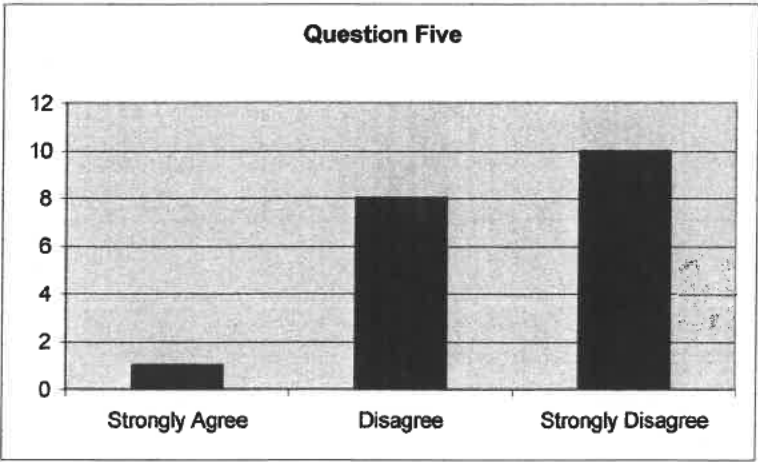
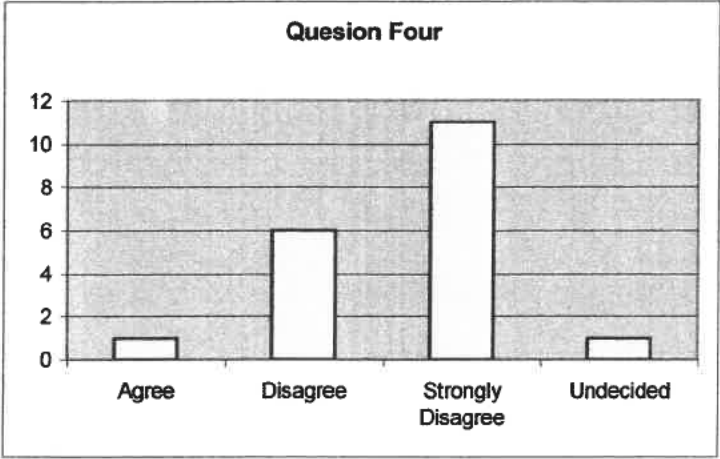
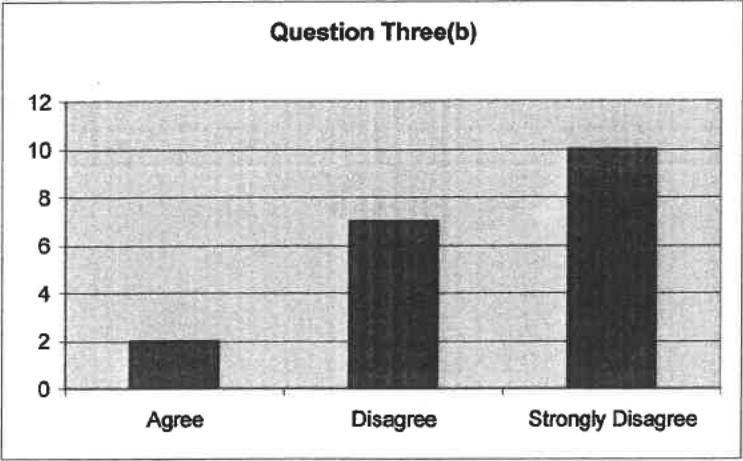


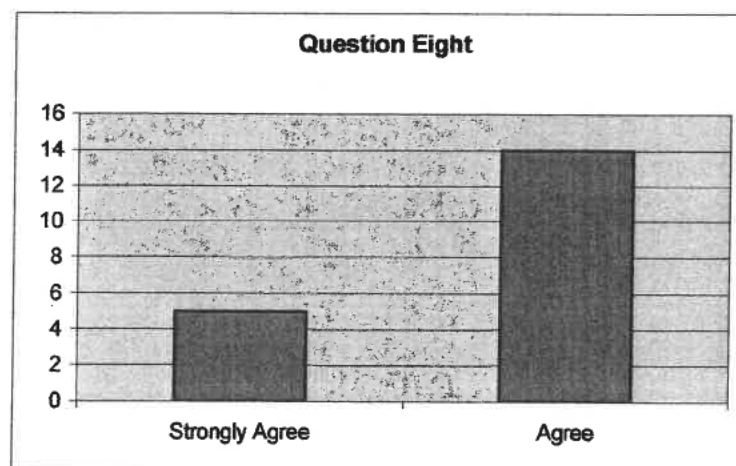
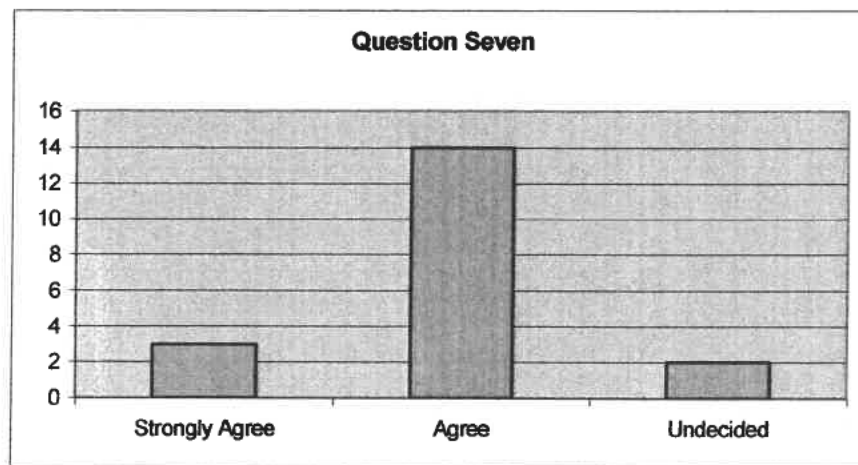
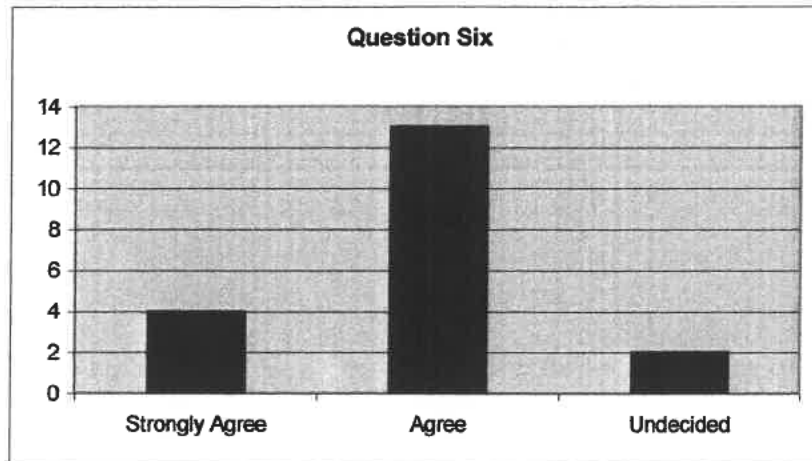


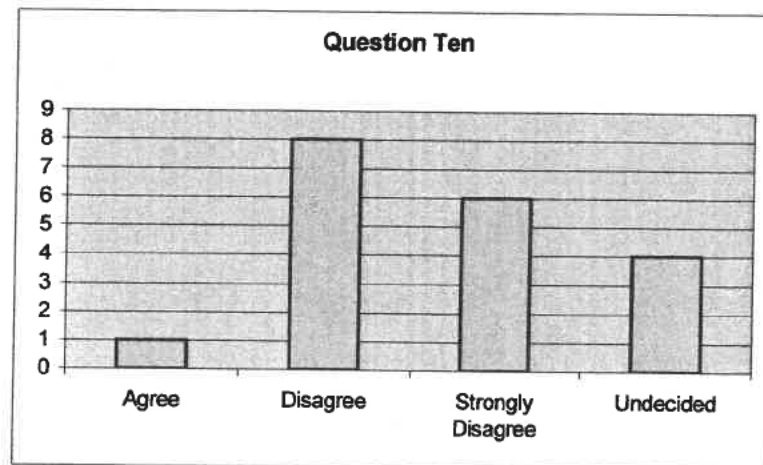
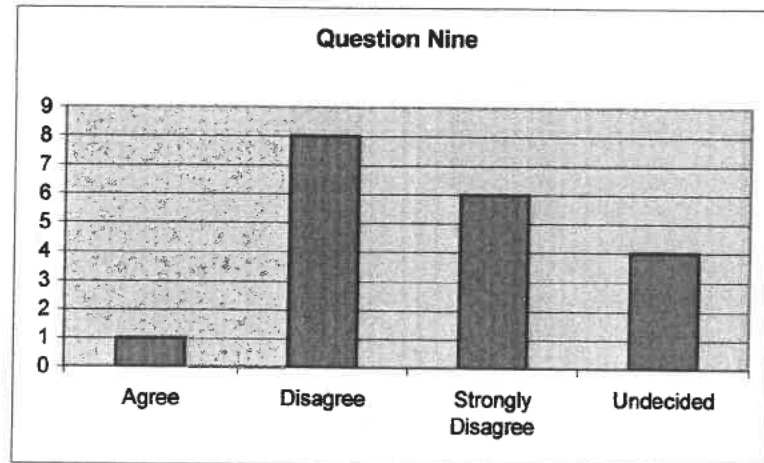


APPENDIX E
POST-TEST CHARTS









BIBLIOGRAPHY

- Achineku, I. *The AIDS Crisis in Africa*. Niger: Institute for Reformation Studies, 1999.
- Allen, Ronald J. *The Teaching Sermon*. Nashville, TN: Abingdon Press, 1995.
- Amos, William E. *When AIDS Comes to Church*. Philadelphia, PA: The Westminster Press, 1988.
- Archdiocese of Saint Paul and Minneapolis Aids Ministry Program. *For those we Love, A Spiritual Perspective on Aids*. Cleveland OH: The Pilgrim Press, 1991.
- Berrigan, Daniel. *Sorrow Built a Bridge, Friendship and AIDS*, Baltimore, MD: Fortkamp Publishing Company, 1989.
- Buechner, Frederick. *Wishing Thinking*. New York: Harper & Row, 1973.
- Brooks, Phillips. *The Joy of Preaching*. Grand Rapids, MI: Kregel Publication, 1989.
- Buttrick, David. *Preaching the New and the Now*. Louisville, KY: Westminster John Knox Press, 1998.
- Craddock, Fred. *Preaching*. Nashville, TN: Abingdon Press, 1985.
- Dossier, Panos. *AIDS and the Third World*. Philadelphia, PA, Santa Cruz, CA: New Society Publishers, 1989.
- Fortunato, John E. *Aids the Spiritual Dilemma*. San Francisco, CA: Harper & Row Publisher, 1987.
- Gong, Victor., and Norman Rudnick. *AIDS, Facts and Issues*. Piscataway, NJ: Rutgers University Press, 1986
- Hug, James E. *Dimension of the Healing Ministry*. St Louis, MO: Health Association of the United States, 1989.
- Jones, Scott J. *The Evangelistic Love of God & Neighbor*. Nashville, TN: Abingdon Press, 2003.
- Jones, Jr., William Augustus. *Responsible Preaching*. Morristown, NJ: Aaron Press, 1989.
- Iles Robert H. *The Gospel Imperative in the Midst of AIDS*. Wilton, CT: Morehouse Publishing, 1989.

- Kassler, Jeanne. *Gay Men's Health*. New York: Harper & Row Publisher; 1983 .
- Kavar, Louis F. *Pastoral Ministry in the AIDS Era*. Wayzata, MN: Woodland Publishing Company, Inc., 1988.
- Killinger, John. *Fundamentals of Preaching*. Minneapolis, MN: Fortress Press, 1996.
- Koop, C. Everett, and Timothy Johnson. *Let's Talk*. Grand Rapids, MI: Zondervan Publishing House, 1992.
- Kowalewski, Mark R. *The Catholic Church Confronts the AIDS Crisis*. Albany, NY: University of New York Press, 1994.
- Lischer, Richard. *The Preacher King*. Oxford, NY: Oxford University Press, 1995.
- Massey, James Earl. *The Burdensome of Joy of Preaching*. Nashville, TN: Abingdon Press, 1998.
- Merwn, Warren A. *King came Preaching*. Downers Grove, IL: InterVarsity Press, 2001.
- Michael, Casto R. *Aids and the Ministry of the Church*. Nashville, TN: The General Board of Discipleship, 1987.
- Mother Teresa. *My Life for the Poor*. New York: Harper & Row Publishers, Inc., 1985.
- Mother Teresa. *A Simple Path*. New York: Ballantine Books, 1995.
- Moyd, Olin P. *The Sacred Art-Preaching and Theology in the African American Tradition*. Valley Forge, PA: Judson Press, 1995.
- O'Day, Gail R., and Thomas G. Lang. *Listening to the Word*. Nashville, TN: Abingdon Press, 1993.
- Perelli, Robert J. *Ministry to Persons with AIDS*. Minneapolis, MN: Augsburg Fortress, 1991.
- Shelp, Earl E., and Ronald H. Sunderland. *AIDS and the Church – The Second Decade*. Louisville, KY: Westminster/John Knox Press, 1992.
- Smith, Walter J. *AIDS Living and Dying with Hope*. Mahwah, NJ: Paulist Press, 1988.
- Stokes, Mack B. *Theology for Preaching*. Anderson, IN: Bristol House, LTD, 1997.
- Sunderland, Ronald H., and Earl E. Shelp. *A Handbook for Care Teams Serving People with AIDS*. Nashville, TN: Abingdon Press, 1990.
- Swears, Thomas R. *Preaching to Head and Heart*. Nashville, TN: Abingdon Press, 2000.
- Thompson, William D. *Preaching Biblically*. Nashville, TN: Parthenon Press, 1981.

Wendell W. Hoffman & Stanley J. Grenz. *AIDS Ministry in the Midst of an Epidemic*. Grand Rapids, MI: Baker Book House.

Winter-Green, Krysten. *HIV/AIDS Confrontation with Being*. Bristol, IN: Wyndham Hall Press, 1995.

World Council of Churches. *Facing AIDS, The Challenge, The Churches' Response*. Geneva, Switzerland: WCC Publications.

Yancey, Philip. *The Jesus I Never Knew*. Grand Rapids, MI: Zondervan Publishing House, 1995.

Zachariah, Mathai. *The Hand of God in the Affairs of Men (Sermons for all times)*. Kashmere Gate, Delhi: I.S.P.K, 1986.